



COBOURG POLICE SERVICE
107 King Street West, Cobourg, Ontario, K9A 2M4

Paid Duty Contract

PART I: To be completed by person/agency requesting paid duty (Please Print)

Name	Organization	
Mailing Address: (No., Street, Unit, City, Province, Postal Code)		
Contact Phone #1:	Contact Phone #2:	Fax #:

PART II: DETAILS OF EVENT – To be completed by person/agency requesting paid duty (Please Print)

Event:		Date of Event:	
	Sun Mon Tue Wed Thu Fri Sat	Start Time:	
the of, 20.....		AM	
(day)	(month)	(year)	PM
Address of Event: (No., Street, Unit, City) <i>Please Print</i>		Contact Person at Event:	
Number of Officers Requested:	Number of Hours Each Officer Required:	Number of Vehicles Required:	
Anticipated Attendance at the Event:	Will Alcohol Be Served?	Duties Expected to be Performed:	

PART III: ACKNOWLEDGEMENT OF TERMS OF AGREEMENT

It is understood that by my signature below I acknowledge that I have read and understood all Terms of Agreement contained in Part V of this contact (see Page 2), and that I accept and agree to abide by all the Terms of Agreement contained in Part V of this Contract.

Signature: _____ Position: _____ Date: _____

PART IV: TO BE COMPLETED BY POLICE SERVICE (Please Print)

	Approved (member/equipment available)	Number of Officers Required (as per Service Policy)	Number of Hours Required for Each Member (minimum 4 hours)	Total Number of Hours	Hourly Rate	Totals
Police Service Members						
Constable					\$57.18	
Sergeant					\$64.32	
Equipment						
Cruiser (minimum 4 hrs)					\$20.00	
Other (please specify):						
<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> Paid Duty Contract # </div> <p>*Please insert this amount into Part V on Page 2</p>				Subtotal before Administration Fee		
				Administration Fee (10 %)		
				Subtotal before G.S.T.		
				(GST Number - 10698 5716 RT0001)		
				TOTAL*		

Deposit Required? Yes No Amount of Deposit: \$ Deposit Received: Cash Cheque

