

Charles Gardner  
 Commissioner of Police  
 Yonkers Police Department  
 Cacace Justice Center  
 104 South Broadway  
 Yonkers, NY, 10701

Dear Commissioner Gardner:

I request \_\_\_\_\_ police officer(s) for (date) \_\_\_\_\_, **2012** to work a detail for  
 (Event) **TRAFFIC CONTROL** at (location) \_\_\_\_\_.

The hours of the detail are from \_\_\_\_\_ **M.** To **completion (MINIMUM 4 HOURS)**

I understand that the services of a police supervisor may be required for some details.

I request \_\_\_\_\_ police supervisor(s) to supervise the police officers assigned to the above details.

I fully understand that I will be billed for a minimum of (4) hours at a rate of **\$98.32** per hour per police officer & **\$132.40** per hour per police supervisor, & that payment for a minimum of four (4) hours for each police officer or police supervisor requested will be required even if we cancel or postpone the event for any reason.

I understand that the Yonkers Police Department may require partial or full payment of the estimated amount due for police services prior to providing such services. If the total amount due for services provided exceeds the amount of my advance payment, I understand that I will be billed for the difference, and agree to pay same. If the amount of my advance payment exceeds the total amount due for services provided, the Yonkers Police Department will refund the difference.

**IF PAYMENT IS NOT RECEIVED WITHIN 30 DAYS OF BILLING DATE, A 1½% INTEREST FEE WILL BE ADDED.**

Signed: \_\_\_\_\_.

Print Name (Requester: \_\_\_\_\_

Date of Birth: \_\_\_\_\_.

**IF SIGNING AS REPRESENTATIVE OR AGENT OF CORPORATE OR OTHER ENTITY:**

Name of Organization: \_\_\_\_\_.

Relationship of applicant to organization: \_\_\_\_\_.

Billing Address: \_\_\_\_\_.

\_\_\_\_\_.

Telephone #: **PHONE # 914-576-0606 / FAX # \_\_\_\_\_ /CELL # \_\_\_\_\_.**

Office Use Only

	OFFICERS	SHIELD	HOURS WORKED
1.			
2.			