



PART A - TERMS OF AGREEMENT ACKNOWLEDGEMENT

By my signature, below, I acknowledge:

- (a) that I have read and understood all terms of the Agreement; and
- (b) that I accept, and agree to abide by, all terms of the Agreement.

Requests must be submitted a minimum of 10 business days before event.

SIGNATURE OF PERSON
REQUESTING PAID DUTY

DATE

Y Y M M D D

PART B - TO BE COMPLETED BY REQUESTOR

NAME OF REQUESTING AGENCY / PERSON
(THIS WILL APPEAR ON THE INVOICE)

ADDRESS OF REQUESTING PARTY
(STREET, TOWN, PROVINCE, POSTAL
CODE)

CONTACT
NAME

CONTACT
PHONE NUMBER

CONTACT
EMAIL

PART C - TO BE COMPLETED BY REQUESTOR

Describe the event for which the Paid Duty is requested and the type of Paid Duty service being requested, including use of vehicles. If you require more space, please attach a separate paper.

☐ **TRAFFIC PLAN ATTACHED**

PART C (CONTINUED) - TO BE COMPLETED BY REQUESTOR

DATE OF EVENT		START TIME FOR OFFICERS		FINISH TIME FOR OFFICERS	
LOCATION OF EVENT (FULL ADDRESS)					
ON SITE CONTACT NAME				ON SITE CONTACT PHONE NUMBER	
NUMBER OF OFFICERS REQUESTED	EQUIPMENT REQUIRED (EQUIPMENT AVAILABLE IS LISTED BELOW)		WILL ALCOHOL BE SERVED? <input type="checkbox"/> YES <input type="checkbox"/> NO		LIQUOR LICENSE REQUIRED AND <input type="checkbox"/> YES <input type="checkbox"/> NO VALID?
SECURITY ISSUES ANTICIPATED / IDENTIFIED				ANTICIPATED NUMBER OF PERSONS ATTENDING EVENT	

RATES ARE EFFECTIVE JANUARY 1, 2025 (SUBJECT TO CHANGE)	HR RATE (PER MEMBER AND/OR EQUIPMENT)	MIN. HOURS (PER MEMBER AND/OR EQUIPMENT)
POLICE SERVICE MEMBERS		
Constable	\$80.84	3
Sergeant	\$97.40	3
Staff Sergeant	\$107.50	3

RATES ARE EFFECTIVE JANUARY 1, 2025 (SUBJECT TO CHANGE)	HR RATE (PER MEMBER AND/OR EQUIPMENT)	MIN. HOURS (PER MEMBER AND/OR EQUIPMENT)
EQUIPMENT		
Cruiser	\$50.00	1
Police Boat	\$75.00	1
Bicycle	\$21.00	<i>PER ASSIGNMENT</i>

TOTAL FEES WILL INCLUDE:

Administrative fee (20% of subtotal), plus HST (13%) on total.

Services will only be provided in hourly increments, with any part hours being invoiced as a full hour.

Any questions shall be directed to the Paid Duty Co-ordinator at (519) 969-5210 ext. 2642. Request can be submitted via email to: paidduty@lasallepolice.ca

The signed Agreement and any additional information or plans must be attached to the email or dropped off to the LaSalle Police Department.

PART D - TO BE COMPLETED BY COMMAND OFFICER REVIEWING REQUEST

POLICE SERVICE MEMBERS EQUIPMENT ADMINISTRATION FEE		SUBTOTAL HST GRAND TOTAL	
SIGNATURE OF COMMAND OFFICER OR DESIGNATE	DIVISION Community Safety Division	Y Y M M D D	PAID DUTY IS <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
IF DENIED, PLEASE PROVIDE REASONS:			