



APPLICATION FOR OFF-DUTY DETAIL SERVICE

EMPLOYER INFORMATION SECTION

Name of Person or
Business Requesting Services: _____

Street: _____ E-Mail Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ E-Mail Address: _____
(Last, First, Middle)

Work#: _____ Fax#: _____ Cell#: _____

Person Responsible for Payment: _____
(if different from contact person above)

JOB SITE LOCATION INFORMATION

Location
Name: _____ Is this job site located within a city jurisdiction? Yes No

Address: _____

City: _____ State: _____ Zip: _____

Have you spoken with a particular Deputy Sheriff in reference to coordinating this job? Yes No

If yes, please provide name: _____

REQUESTED SHIFT SCHEDULE

Is this an ongoing detail over 31 calendar days? Yes No

Please provide a listing of your requested shifts. (A detailed schedule may be attached. If shifts are yet to be determined, please write the start date and end date and contact the Off-Duty Detail Office Coordinator).

Start Date: _____ Start Time: _____ End Date: _____ End Time: _____

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A CANCELLATION FEE MAY APPLY IF PROPER NOTICE IS NOT PROVIDED TO CANCEL THE JOB.

JOB INFORMATION SECTION

Contact Person at Event: _____
(Last, First, Middle)

Work#: _____ Cell#: _____

Are there any other agencies working this detail? Yes No

If yes, which ones? _____

Number of deputies requested: _____ Anticipated crowd size: 1 – 49 50 – 149 150 – 299
300 – 599 600 – 999 1000 – 1499 1500 – 2499 2500+

Alcohol sold? Yes No Alcohol served? Yes No Band, DJ, etc? Yes No

Describe job duties requested of deputies (i.e., traffic control, crowd control, etc.): _____

Type of Event – Please describe the nature of your event (i.e., carnival, concert, traffic control, etc.):

Do you have a need for deputies dressed other than in the normal uniform and marked cars? If so, please explain the reason: _____

SUBMITTED BY

By signing below, I understand and agree to pay the St. Lucie County Sheriff’s Office under the terms stated in the Off-Duty Detail Program Procedures, a copy of which I acknowledge receipt.

Print Name: _____ Signature: _____

Position: _____ Date: _____

RECEIVED BY

Name: _____ ID #: _____ Date: _____

