

LOWER MORELAND POLICE DEPARTMENT EXTRA DUTY PERMIT APPLICATION

Please Print

NAME OF APPLICANT (Business/ Organization/Individual)	DESIGNATED REPRESENTATIVE	PHONE (DAY)	FAX NUMBER
AFTER HOURS CONTACT PERSON AND NUMBER	CELL NUMBER	E-MAIL ADDRESS	
ADDRESS OF EVENT	BILLING NAME AND ADDRESS (Permanent Address)		
PERMIT SERVICE DATE(S), DAYS AND HOURS TO BE WORKED		OFFICERS REPORT TO:	PREDICTED ATTENDANCE
DESCRIPTION OF SERVICES NEEDED		NUMBER OF OFFICERS REQUESTED	

STAFFING REQUIREMENTS AND RATES

HOURLY RATE WILL BE THE CURRENT OVERTIME RATE FOR EACH OFFICER. NOTE: ALL OFFICERS WORKING A PERMIT ASSIGNMENT WILL RECEIVE A MINIMUM NUMBER OF THREE HOURS PAY. THE ABOVE RATES ARE SUBJECT TO CHANGE. THE APPLICANT WILL BE BILLED FOR THE COST OF THE OFFICER(S) AT THE CONCLUSION OF THE EVENT.

PERMIT CANCELLATION

THE POLICE DEPARTMENT CAN CANCEL A PERMIT ANY TIME, WITH OR WITHOUT CAUSE.

THE PERMITTEE MAY CANCEL A PERMIT BY CONTACTING THE LIEUTENANT AT 215-947-3132, 24 HOURS PRIOR TO THE EVENT DURING BUSINESS HOURS, OR NON-BUSINESS HOURS BY CONTACTING THE ON-DUTY SUPERVISOR AT 215-947-3132. IF THIS CANCELLATION IS NOT MADE AT LEAST 24 HOURS PRIOR TO THE DATE AND TIME OF THE PERMIT ASSIGNMENT, THE PERMITTEE WILL BE RESPONSIBLE FOR COMPENSATION TO THE DEPARTMENT FOR THREE HOURS PAY FOR EACH OFFICER SCHEDULED.

I _____, AS AUTHORIZED REPRESENTATIVE OF AFOREMENTIONED PERMITTEE, HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS PERMIT APPLICATION, AND THE CONDITIONS OF THIS PERMIT, AND FURTHER AGREE THAT I WILL ABIDE BY AND BE SUBJECT TO THESE CONDITIONS IN ALL RESPECTS.

SIGNATURE OF PERMITTEE OR AUTHORIZED REPRESENTATIVE

DATE

OFFICE USE ONLY

☐ **GRANTED** THE ABOVE APPLICATION FOR PERMIT IS HEREBY GRANTED, AND THE ABOVE APPLICATION, TOGETHER WITH THE AFOREMENTIONED CONDITIONS OF THIS PERMIT ARE HEREBY ADOPTED, BY REFERENCE, AND ARE MADE A PART OF AND CONSTITUTE THE TERMS AND CONDITIONS AND THIS PERMIT.

AUTHORIZED SIGNATURE (POLICE DEPT SUPERVISOR)

DATE APPROVED