

**PINELLAS COUNTY SHERIFF'S OFFICE
SECONDARY EMPLOYMENT
10750 Ulmerton Road
Largo, Florida 33778
727-582-6200**

REQUEST FOR ADDITIONAL LAW ENFORCEMENT SERVICES

The Pinellas County Sheriff's Office is not required to provide additional law enforcement services pursuant to this request but the request may be approved at the sole discretion of the Sheriff based on available staffing levels.

It is further understood that, notwithstanding the fact that the requester will reimburse the Sheriff's Office for the services rendered, the deputy sheriffs or specialized support member remain members of the Sheriff's Office. The requester is restricted to the general assignment of duties to be performed under the agreement and has no authority over the deputy sheriffs or specialized support member.

All fees due for the services requested are to be prepaid by cash, money order, check, traveler's check, cashier's check or credit card and delivered to the Pinellas County Sheriff's Office Secondary Employment Office during normal business hours, (8:00 AM - 4:30 PM, excluding Saturdays, Sundays and holidays) which must be delivered prior to approval of the request. Any compensation over and above the rate established by the attached schedule is prohibited.

NAME OF AUTHORIZED AGENT REQUESTING LAW ENFORCEMENT SERVICES:

NAME: _____ DATE: _____
HOME PHONE: _____ CELL PHONE: _____
EMAIL: _____ FAX NUMBER: _____

REQUESTER ADDRESS: _____

SOCIAL SECURITY NUMBER OR FEDERAL TAX ID NUMBER: _____

Is requesting to engage the services of deputy sheriffs or specialized support members of the Pinellas County Sheriff's Office for additional law enforcement services that are in addition to those generally provided to the public.

PERIOD OF EMPLOYMENT: BEGINNING DATE _____ ENDING DATE: _____

HOURS TO BE WORKED: TOTAL _____ HOURS FROM _____ TO _____

SPECIFIC SERVICE(S) REQUESTED TO BE PERFORMED AND LOCATION: _____

APPLICABLE PERMITS (If required) STATE NO. _____ COUNTY NO. _____

Any fees prepaid and not obligated will be refunded to the requester based on quarter hour increments. The requester will be assessed a three (3) hour minimum for each member for canceled or postponed

assignments, unless the Secondary Employment Clerk is notified between 8:00 AM and 4:30 PM, Monday through Friday excluding holidays, a minimum of twenty-four (24) hours prior to the specified starting time. Should the requestor need to cancel or postpone the assignment after normal business hours, contact the Pinellas County Sheriff's Office Communications Center at (727) 582-6200 and notify the Communications Center Supervisor. Should an assignment exceed eight (8) hours, the requester may be required to engage the services of two deputy sheriffs or specialized support members whose time may be divided equally at the sole discretion of the Pinellas County Sheriff's Office. When four (4) or more deputies are required, one (1) Sergeant may also be required.

VENDOR NAME: _____ TAX ID: _____

MAILING ADDRESS: _____

CITY, STATE AND ZIP CODE: _____ PHONE NUMBER: _____

I HAVE READ AND UNDERSTAND THE PROVISIONS OF THE REQUEST AND WILL ACT IN FULL COMPLIANCE WITH THEM. THIS CONTRACT IS GOOD FOR A MAXIMUM OF ONE (1) YEAR FROM THE DATE OF NOTARY, HOWEVER THE SHERIFF MAY CANCEL THE AGREEMENT BY PROVIDING NOTICE TO THE REQUESTER/AGENT.

Signature of Requester/Agent

Occupation – Name of Business

STATE OF FLORIDA)
COUNTY OF PINELLAS)

The foregoing instrument was acknowledged before me this _____ day of _____, _____
by _____ who is personally know to me or who has
produced _____ as identification and did / did not take an oath.

Notary Public's Signature

Notary Public's Name (typed or printed)

My commission expires:

(SEAL)