

**INDIAN RIVER COUNTY SHERIFF'S OFFICE**  
**APPLICATION FOR OFF-DUTY DETAIL SERVICE**

Phone #: (772) 569-6700 ext. 6161

Fax #: (772) 978-6164

In compliance with General Order 3510.12, this application is required to engage the extra-duty services of the required number of deputies for public safety, health, and welfare above those provided to the general public. A minimum of five (5) days advance notice is requested prior to the service date and advanced payment may be required by cashiers check or money order – *no cash accepted*. Cancellation of the detail with less than 24 hours notice prior to commencement of the detail will result in 3 hours minimum billing per deputy.

Fees should be made payable to the Indian River County Sheriff's Office

\*\*\* **Three (3) Hour Minimum per Each Deputy** \*\*\*

**Deputy rate per hour . . . \$35.00**

**Supervisor rate per hour . . . \$40.00 [One (1) Supervisor will be required for each group of five (5) Deputies]**

**Patrol vehicle mileage for on-site utilization . . . \$0.50 / 5 Mile minimum**

**EMPLOYER INFORMATION**

Business / Person requesting services: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**JOB SITE INFORMATION**

Type of Event: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

# Deputies Requested: \_\_\_\_\_ Alcohol Served: YES / NO Expected Crowd Size: \_\_\_\_\_

Services Requested: (Security Presence / Crowd Control / Traffic Control / Escort etc) \_\_\_\_\_

Will detail require patrol vehicle travel *AS PART OF* the detail (not just to and from): **YES / NO?**

**REQUESTED SHIFT SCHEDULE**

Start date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Date: \_\_\_\_\_ End Time: \_\_\_\_\_

Is this an on-going detail request? **YES / NO** Estimated Duration: \_\_\_\_\_

Additional notes / instructions: \_\_\_\_\_

**OFFICE USE ONLY**

Number Deputies by policy: \_\_\_\_\_ Supervisor Required: YES / NO: # Needed \_\_\_\_\_

Projected total cost: \_\_\_\_\_ Odometer Reading Start: \_\_\_\_\_ Ending: \_\_\_\_\_

APPROVED / DECLINED by: \_\_\_\_\_ Date: \_\_\_\_\_