

# EXTRA DUTY SECURITY

SECAUCUS POLICE DEPARTMENT  
1203 PATERSON PLANK ROAD  
SECAUCUS, NJ 07094  
201-330-2060 F:201-330-2064  
extraduty@secaucusnjpolice.gov

Case# \_\_\_\_\_

COMPANY NAME: _____ ADDRESS: _____ CITY, STATE, ZIP: _____ CONTACT REPRESENTATIVE: _____	JOB LOCATION (be specific) _____ DATE (S): _____ TIMES: _____ TO _____ UNIFORM REQUIRED    YES <input type="checkbox"/> NO <input type="checkbox"/> PHONE NUMBER: _____ EMAIL: _____
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## TYPE OF SECURITY

ROVING PATROL <input type="checkbox"/>	FIXED POST INSIDE <input type="checkbox"/>
ASSIGNMENT DETAILS: (PLEASE SPECIFY) _____	FIXED POST OUTSIDE <input type="checkbox"/>

**NUMBER OF OFFICERS REQUESTED:** \_\_\_\_\_

You have asked the Secaucus Police Department to arrange to have off-duty members of its force perform security-related services for you.

The hourly rate will vary depending on the officer assigned. You will be billed on a monthly basis for all hours worked by our officers at your site. The rate will be one and ½ times the standard rate of pay of the assigned officer, with a minimum rate of \$65.00 per hour). Each marked patrol unit will be billed at the rate of \$250 per day and an administrative fee of \$10 per hour, per officer assigned will also be billed as per Town Code 28-35.

**Should an officer be released from the detail prior to completing 4 hours, you will be billed for a 4-hour minimum. If the officer is released after working at least 4 hours, you will be billed for a minimum of 8 hours.**

Cancellations within 8 hours of the starting time will result in a 3-hour cancellation fee based on the assigned officer's rate plus the administrative fee. Time "off" (i.e. lunch breaks) shall be approved by your on-site supervisor and a signature for any such time shall be required.

If these terms are acceptable to you, please sign below and return this document to the Secaucus Police Department (Fax: 201-330-2064) so that we can begin to fill your manpower needs.

**\*\*Please make all cancellation notifications to the Police Desk at 201-330-2060 and email [extraduty@secaucusnjpolice.gov](mailto:extraduty@secaucusnjpolice.gov)**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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## FOR OFFICIAL USE ONLY

OFFICER(S) ASSIGNED \_\_\_\_\_

EXTRA-DUTY COORDINATOR \_\_\_\_\_

CHIEF OF POLICE:                      Approved                       Denied