



HEBRON RESIDENT TROOPERS OFFICE

HEBRON POLICE



44 MAIN STREET
HEBRON, CT 06248
860.228.3710 (O)
860.228.0711 (F)

AGREEMENT FOR HIRING POLICE PERSONNEL FOR PRIVATE DUTY

DATE COMPLETED: _____

I hereby agree to the stipulated police private duty rate, as approved by the Town of Hebron Board of Selectmen:

The Hebron Police Officer Private Duty reimbursable rate is currently \$47.03 per hour, with a minimum call out of (4) four hours.

From time to time, there may be no Hebron Police Officers available for the private duty assignment. As an option, organizations may request the private duty assignment be offered to the Resident State Trooper. The private duty rate for the Resident State Trooper is set by the Department of Public Safety and may vary depending upon the Resident Trooper's pay step and longevity. Resident Troopers have a (4) four hour minimum call out for private duty.

☐ By checking this box, I agree to pay the stipulated Resident State Trooper private duty rate of pay in the event no Hebron Police Officer is available. I understand that all private duty assignments are offered to Hebron Police Officers prior to being offered to the Resident State Trooper.

Generally, police officers will be on duty one-half hour prior to the start of the private duty assignment.

CANCELLATION NOTICE: Please notify the Resident State Trooper (228-3710) at least 48 hours in advance of any private duty cancellation. Failure to notify of cancellation with less than (24) twenty-four hours notice will result in a minimum call out charge of four hours. A message left on voice mail does not constitute a notification of cancellation. If the Resident Trooper is not personally notified, then call the Hebron Town Hall (228-5971). You will receive a telephone call back to confirm the cancellation.

All activities scheduled in a school are automatically canceled when school is canceled or closed.

TYPE OF ACTIVITY: _____

DATE AND LOCATION OF EVENT: _____

EVENT STARTING TIME: _____ EVENT ENDING TIME: _____

EXPECTED TOTAL ATTENDANCE: _____ NUMBER OF OFFICERS DESIRED: _____

SIGNATURE OF REQUESTING PERSON: _____

NAME OF ORGANIZATION: _____

BILLING ADDRESS: _____

CONTACT TELEPHONE NUMBER(S): _____

Please make private duty checks payable to the Town of Hebron.