



SAULT STE MARIE POLICE SERVICE

SPECIAL PAID DUTY CONTRACT

PART A - To be completed by person / agency requesting paid duty.

TERMS OF AGREEMENT

- The minimum number of officers, vehicles, and hours required for the performance of a special paid duty shall be determined by the Sault Ste Marie Police Service at its discretion, based on the nature of the event.
- How to book:** please complete this form and forward it to the attention of the Patrol Services Clerk, Patrol Services Division by fax (705-949-3440) or mail: Sault Ste Marie Police Service, 580 Second Line East, Sault Ste Marie, Ontario, P6B 4K1. Contact telephone number: 705-949-6300 ext. 233. (30 days' advance notice would be appreciated to assist in the booking process.)
- The minimum number of hours invoiced per event shall be no less than three (3) for each Police Service member booked. Most events will require a minimum of two (2) officers.
- Rates effective January 1, 2017 are:**

Police Officer	\$68.442	If more than 4 officers are required, one must be a Sergeant: \$72.669 base rate / hour
Police Vehicle	\$30.00 / hour (cruiser or motorcycle)	

PLEASE NOTE: dependent upon officer assigned, the current Police contract requires an additional 3%, 6%, or 9% experience pay to the base rate. In addition, an **administrative fee of 10%** of the total amount will apply. HST may apply. These rates are subject to change without notice. A premium rate may also apply for such duties on any or all holidays. The total sum is **due and payable** in full immediately upon receipt of an invoice issued by the City of Sault Ste Marie. (Some circumstances may necessitate pre-payment: examples: out-of-town requests, student dances, etc.). Payment shall be as directed by the City of Sault Ste Marie. Late payments may be subject to interest charges. Delinquent payments or NSF cheques will result in suspension of further contracts for service and are subject to interest charges/penalties.

CANCELLATIONS:

Special paid duty cancellations must be in writing, and directed as follows:

By fax (705-949-3440) or hand-delivered to the Inspector-in-Charge of Patrol Services Division, Sault Ste Marie Police Service, 580 Second Line East, Sault Ste Marie, Ontario, P6B 4K1. If cancellation is sent by fax, requestor must follow-up within 48 hours by telephone to confirm receipt or cancellation penalty will apply (705-949-6300 ext. 344).

Where cancellation notice is not received by the Sault Ste Marie Police Service **48 hours prior** to the commencement of the event, a minimum 3 hour charge (plus HST and administrative fee) will apply for each Police Service member booked for the paid duty. Cancellation payments are due immediately upon receiving an invoice. Late payments will be subject to interest charges.

Provision of special paid duty services in accordance with this contract is subject to prior approval of the Sault Ste Marie Police Service. In the event approval is not granted, the contract shall become **null and void**. Where a paid duty request has been received 48 hours prior to the event, the requester will be notified if the service has not been approved 24 hours before the event. Where the special paid duty request has not been received 48 hours before the event, the Sault Ste Marie Police Service will endeavour to notify of non-approval in advance of the event, but cannot guarantee it will be able to do so.

By my signature below, I acknowledge that I have read and understood the Terms of Agreement contained in Part A of this Contract, and that I accept, and agree to abide by the Terms of Agreement contained in Part A of this Contract.

Signature of Person Requesting
Special Paid Duty

Requesting Agency
(please print)

Date

Part B - To be completed by person / agency requesting paid duty - PLEASE PRINT

Name of Requesting Person / Agency:

Address of Requesting Party:

Mailing or Billing Address (if different from above):

Contact Person Name:

Email Address:

Telephone Number:

Fax Number:

Describe the event for which the paid duty is required and type of paid duty service requested:

Address of Event:

Date of Event:	Start Time:	End Time:	Total Hours:	# of Officers Required:	# Vehicles Required:
Date of Event:	Start Time:	End Time:	Total Hours:	# of Officers Required:	# Vehicles Required:
Date of Event:	Start Time:	End Time:	Total Hours:	# of Officers Required:	# Vehicles Required:
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Date of Event:	Start Time:	End Time:	Total Hours:	# of Officers Required:	# Vehicles Required:

Will alcohol be served? Yes No

Anticipated number of persons attending event: _____

Open event:

Yes No **Part C - To be completed by Inspector-in-Charge reviewing / approving request**

Name of Division Commander:

Date:

Paid Duty is: Approved Denied Fee to be paid in advance: No Yes Pre-Payment Due Date: _____

If denied, please provide reasons: