

Central Berks Regional Police Department 2147 Perkiomen Avenue, Reading, PA 19606 610-779-1100 (Office) 610-779-7135 (Fax)

POLICE SERVICES REQUEST FORM

DATE REQUESTED:					
REQUEST SUBMITTED BY:	E-MAIL	U.S. MAIL	FAX	IN-PERSON	
NAME OF REQUESTOR:				_("Requestor")	
NAME OF BUSINESS:					20
MAILING ADDRESS:					-
TELEPHONE NUMBER:					•
NAME OF THE EVENT AND BR REQUESTED (include the date(s), tim	e(s), and loca	tion of the Eve	ent):		RVICES ARE
NUMBER OF OFFICERS REQUEST: The Requestor requests that the Cerprovide Police Services at the Event at The Requestor acknowledges the follow. The fee for Police Services shall There is a three (3) hour minimum (\$500 holiday, a holiday overtime rate of \$500 applies)	ntral Berks Rond for the berowing: I be: Sixty-Five 195.00 per off 155/per hou	egional Police nefit of the Req ve Dollars (\$65 icer); (if the da ur will be chan	uestor. .00) per ate of se ged, an	hour for each in the structure should failed the 3-hour results.	Police Officer. Il on a federal minimum still
2. The Police Department shall is due from the Requestor within thirt "Central Berks Regional Police Departs." 3. For the purpose of performing powers and authority conferred upon the Police Department. While performent of the Chief of Police and the	y (30) days of tment"; g such Police n them while forming Police	of the Event. I Services, every they are engage e Services the	Paymen y Police ged in p	ts shall be made Officer shall be erforming Police	de payable to have all of the ce Services for
Requestor Signature		 Title			TJ 8