



## **PALO ALTO POLICE DEPARTMENT**

### **POLICY FOR REQUESTING POLICE SERVICES**

Self-explanatory instructions are on the attached Request for Police Services form.

It must be understood by the party requesting police services that requests are filled on an overtime basis only, and overtime requests are posted one month in advance. Therefore, the sooner we receive your written request for police services, the better chance you have of that request being filled.

Any written request for police services received less than 30 days prior to the event may not be filled due to the above policy.

It is the policy of our Revenue Collections Department that a deposit for the full estimated amount of services be received prior to the event. If your request for police services cannot be filled or an officer(s) was there for a shorter length of time than requested, you will be refunded; likewise, if an officer(s) is at an event longer than requested or a higher ranking officer fills the spot, you will be billed for the difference.

Checks are to be made out to the City of Palo Alto; arrangements must be made to have the check received by Sergeant Carole Baldwin at 329-2459 or Dana Lamberson at 329-2508 at least one week prior to the event. No exceptions can be made to this policy.

**PALO ALTO POLICE DEPARTMENT  
Request for Police Services**

This form must be received by the Field Services Division secretary (329-2508) or the Special Operations Sergeant (329-2459) at least 30 days prior to the date of the event. A deposit for police services must be received by the Field Services Division secretary at least seven (7) days prior to the event. No exceptions can be made to this policy. Deposit amount is for the estimated services.

Current date: \_\_\_\_\_

Event date(s): \_\_\_\_\_

Time from: \_\_\_\_\_ a.m. to \_\_\_\_\_ a.m.  
 \_\_\_\_\_ p.m. to \_\_\_\_\_ p.m.

Event: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Facility/Organization: \_\_\_\_\_

Billing address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact person: \_\_\_\_\_

Number of officers requested (4 hour minimum) \_\_\_\_\_

Mail completed form to: Palo Alto Police Department  
 275 Forest Avenue, Palo Alto, CA 94301  
 Attn: Field Services Division Secretary

<b>(Office use only)</b>		# used	hours	amount
deposit _____	Reserve	_____	_____	_____
services _____	Officer	_____	_____	_____
	Agent	_____	_____	_____
refund _____	Sergeant	_____	_____	_____
bill _____	PEO	_____	_____	_____