



**Tallahassee Police Department**  
**Internal Affairs Unit**  
**OFFICER SERVICE AGREEMENT**  
**SINGLE EVENT**



Name of Coordinator:			
	(Coordinator's Contact Number)	(Date of Event)	
Applicant:			
	(Business Name or Organization)	(COT Permit Number/Attach Copy of Permit and 501(c)3)	
Address of Business:			
Address of Event:			
Name of Event:			
Description of Duties:			
Name and title of Authorized Agent Requesting Service:			
	(Title)	(First)	(Middle)
Cell Phone #:	Work Phone #:	Other Phone #:	
Alcoholic Beverage License Number (Attach copy of beverage license):			
COT Business Tax Certificate Account Number (Attach copy of tax certificate if applicable):			

The Tallahassee Police Department is **not** obligated to provide off-duty police services. Off-duty police services **will not** be approved to any person, firm, or organization whose officers, members, business, or operations are questionable or for any event that will discredit the member, Department, or City.

It is understood that though the applicant shall pay the Department members for services rendered, the Department members shall remain employees of the Tallahassee Police Department. The applicant shall not require Department members to perform any duty contrary to or in violation of any Tallahassee Police Department General Order or Standard Operating Procedures, to include, but not limited to enforcing "house rules", conducting "pat-downs", or utilizing department resources to conduct age verifications for any function other than for a law enforcement purpose.

Department members shall ensure applicant maintains all fire exits and fire safety equipment and complies with the maximum occupancy of the business as established by the Fire Marshal. Department members shall respond to all observed and reported incidents in the interior of the location and immediate surrounding exterior areas, and take appropriate action as needed.

All incidents shall be investigated fully and appropriate documentation shall be completed prior to the end of the off-duty assignment. Department members completing a police action falling within the purview or premises of the applicant shall remain in off-duty service status unless such action requires time past the scheduled off-duty shift. Under those circumstances, the officer may revert to on-duty status and coordinate with the Watch Commander. Department members taking police action outside the purview of the applicant, or off the applicant's premises, may revert to on-duty status.



**Tallahassee Police Department**  
**Internal Affairs Unit**  
 REQUEST FOR SECONDARY EMPLOYMENT  
 OFFICER SERVICE AGREEMENT



THIS APPLICANT IS REQUESTING TO ENGAGE THE SERVICES OF OFF-DUTY POLICE PERSONNEL OF THE TALLAHASSEE POLICE DEPARTMENT, FOR PUBLIC SERVICES THAT ARE IN ADDITION TO THOSE PROVIDED GENERALLY TO THE PUBLIC.

THE CHIEF OF THE TALLAHASSEE POLICE DEPARTMENT OR HIS DESIGNEE MAY CANCEL THIS APPLICATION, AT ANY TIME WITH OR WITHOUT CAUSE.

IN ADDITION TO OFFICER COMPENSATION, THIS APPLICANT AGREES TO PAY A \$10 FEE FOR EACH OFFICER ASSIGNED TO WORK THIS EVENT. PAYMENT OF FEE IS REQUIRED PRIOR TO APPROVAL OF THIS SERVICE AGREEMENT. THE SURCHARGE FEE WILL BE WAIVED FOR CITY PERMITTED EVENTS SPONSORED BY A NON-PROFIT ORGANIZATION. A COPY OF THE CITY PERMIT AND 501(c)3 CERTIFICATE MUST BE ATTACHED TO THIS AGREEMENT.

No. of Officers Assigned: \_\_\_\_\_ x \$10 x No. of Days: \_\_\_\_\_ = \$ \_\_\_\_\_

**THIS EVENT IS NOT APPROVED UNTIL THE CHIEF OF POLICE OR HIS DESIGNEE HAS SIGNED THIS SERVICE AGREEMENT AND NOTIFIED THE COORDINATOR IN PERSON, BY PHONE, OR BY EMAIL.**

I HAVE READ AND UNDERSTAND THE PROVISIONS OF THIS APPLICATION AND WILL ACT IN FULL COMPLIANCE WITH THEM.

\_\_\_\_\_  
 (Signature of Applicant/Agent requesting service)

\_\_\_\_\_  
 (Signature of Department Coordinator)

**For Department Use Only**

After investigating this request, it is respectfully recommended the application be:

PAID \$ \_\_\_\_\_  
 Check # \_\_\_\_\_  Cash

EXEMPT

\_\_\_\_\_  
 Financial Management Office Date

Approved  
 NOT Approved

\_\_\_\_\_  
 Coordinator's Immediate Supervisor Date

Approved  
 NOT Approved

\_\_\_\_\_  
 Sector Commander or Designee (location of event) Date

Approved  
 NOT Approved

\_\_\_\_\_  
 Chief of Police or Designee Date

Date applicant notified of approval/ disapproval: \_\_\_\_\_ By: \_\_\_\_\_

\*\*\* Notification can be in person, by phone, or by email. Event is not approved until notification is made.