

Kittitas County Sheriff's Office

Gene Dana, Sheriff

OFF DUTY DEPUTY REQUEST/AGREEMENT FORM

NAME OF CONTRACTING PARTY: _____
BILLING ADDRESS: _____
TELEPHONE: () _____ CELL/MESSAGE PHONE: () _____

TYPE OF EVENT: _____
LOCATION OF EVENT: _____
DATE(S) AND TIME OF EVENT _____ DURATION: _____
NUMBER OF DEPUTIES REQUESTED _____ ALCOHOL SERVED? Y N
UNIFORMED OR PLAINCLOTHES (CIRCLE ONE) APPROX. # OF GUESTS _____
HOURLY RATE: \$70.00 REGULAR LINE DEPUTY. HOURLY RATE BEGINS AT THE TIME THE DEPUTY ARRIVES AT THE WORKSITE AND ENDS UPON LEAVING THE WORKSITE.
PLEASE REQUEST DEPUTIES 2 WEEKS IN ADVANCE.

This represents an agreement for the above listed party to purchase the off-duty services of the above listed deputies on the date and time shown. I understand that if this event is cancelled and deputies are provided with less than 24 hours notice from the intended start time of the event, I am responsible for the payment of 2 hours of time for each deputy assigned. I understand that if the deputies are required to remain at the work site less than two hours, two hours will be the minimum payment for the deputies.

I understand and agree that payment shall be pursuant to this agreement with the Sheriff's Office and I understand that I will be billed the hourly rate as indicated above, per deputy, for this event. Billing is accrued on the quarter hour after the first two hours. I understand that I will receive an invoice from the Sheriff's Office at the address I have provided above, which must be paid promptly, and that this agreement is subject to the authorization or declination of the Sheriff or his designee.

I freely and voluntarily agree to abide by this contract and understand my responsibilities.
SIGNED: _____ DATE: _____

OFFICE USE ONLY
Reviewed by command staff; APPROVED or DENIED (CIRCLE ONE)
SIGNED: _____ DATE: _____
ASSIGNED DEPUTY: _____

