

# MARYSVILLE DIVISION OF POLICE

125 East Sixth Street, Marysville, Ohio 43040. Phone: 937.642.3900. Fax: 937.642.8439. Email: [police@marysvilleohio.org](mailto:police@marysvilleohio.org)



## REQUISITION FORM FOR SPECIAL DUTY POLICE OFFICER(S)

TYPE OF DUTY REQUESTED: ( ) TRAFFIC CONTROL ( ) SECURITY

DESCRIBE EVENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LOCATION OF EVENT: \_\_\_\_\_

DATE/TIME: \_\_\_\_\_

REQUESTING ENTITY: { } Profit { } Non-Profit

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### CONTACT PERSON:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I have read and agree to the conditions for hiring a special duty police officer through the City of Marysville Police Division, as attested to by my signature below.

Signature of Requesting Individual: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

{FOR INTERNAL USE ONLY}

Received by: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Officer(s) Assigned: \_\_\_\_\_

Any Related Run/Incident #'s: \_\_\_\_\_

Invoiced: \_\_\_\_\_ Payment Received: \_\_\_\_\_