



City of Bridgeton
Municipal Clerks Office
181 E. Commerce Street
Bridgeton, NJ 08302

Phone: 856 455-3230
Fax : 856 451- 5321
www.cityofbridgeton.com

REQUEST FOR POLICE SERVICES

Requesting Entity's Name: _____

Physical Mailing Address: _____

Point of Contact Person: _____ Phone: _____

Date(s) of Event: Start date (s) ____ / ____ / ____, ____ / ____ / ____, ____ / ____ / ____

Ending date (s) ____ / ____ / ____

Time of Event: From _____ a.m. / p.m. to _____ a.m. /p.m.

Location of Event: _____

Description of Event: _____

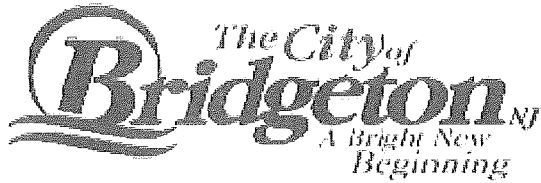
Number of Officers Requested (please check one): 1 2 3 4 5 6

Level and Number of Officers required will be determined by Chief of Police; therefore, the number of officers may differ from what has been requested by applicant

Note- Any event consisting of a march or procession on a publicly maintained roadway will require a minimum of two officers and two vehicles. The applicant must have already secured required permits/permission from the governing body responsible for the roadway in question. Your application will be reviewed by the Chief of Police and if there are any additional officers required than what you requested, you will be contacted.

Additionally, any construction, road work, utility work, brush work, etc. which will adversely affect regular traffic patterns will require police services. The level and amount of officers will be determined on a case by case basis.

I, _____, an authorized agent for the requesting entity, do hereby officially request the assistance and presence of police on the date/time indicated to provide safety and security services for an event within the City of Bridgeton. I am authorized by the requesting entity to



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enter into a payment contract with the City of Bridgeton for the services provided. I further understand that this document serves as the contract for police services.

I understand that at the time of this request a \$100.00 nonrefundable deposit is required. I understand that the Police Department will be invoicing the requesting entity for provided services based on established City Ordinance rates, from which the \$100.00 deposit will be deducted. The deposit will not be returned in the event of a cancellation.

Signed: _____ Date: _____

Paid Yes No Cash \$ _____ Check #: _____

Witnessed by City Clerk's Office Personnel: _____

Date emailed to Police Department: _____

Clerk's Comments: _____

Completed: _____