

WHEATON POLICE DEPARTMENT
REQUEST FOR EXTRAORDINARY POLICE SERVICES

NAME: **Nicole Chesak** ORGANIZATION NAME: **Wheaton Park District**

BILLING ADDRESS: **102 E. Wesley St., Wheaton, Illinois 60187**

PHONE: **(630) 510-5119** E-MAIL: **nchesak@wheatonparks.org**

LOCATION OF EVENT: **Seven Gables Park**

DATE OF EVENT: **Friday May 18, 2018, Saturday May 19, 2018, Sunday May 20, 2018**

TIME OF EVENT: **Various Times (see attachment)**

ANTICIPATED ATTENDANCE: **2000**

NATURE OF THE EVENT: **Wings Soccer Tournament**

NUMBER OF OFFICERS REQUESTED: **2**

NATURE OF DUTIES: **Traffic Direction**

POLICE USE ONLY

DATE RECEIVED: **April 29, 2018**

REQUEST APPROVED: **Lieutenant Thomas J Heidank #353**

REQUEST APPROVED SUBJECT TO FOLLOWING CONDITIONS: **Voluntarily sign-up by officers**

APPROVAL ENDORSEMENT

THE CITY OF WHEATON CHARGES **\$70.00 PER HOUR/PER OFFICER** FOR EXTRAORDINARY POLICE SERVICE. IF A REQUEST FOR EXTENSION OF EXTRAORDINARY POLICE SERVICES IS ASKED AND PROVIDED BEYOND THE TIMES SPECIFIED IN THE ORIGINAL AGREEMENT, THE REQUESTING ORGANIZATION/INDIVIDUAL SHALL BE RESPONSIBLE FOR PAYMENT TO THE NEAREST QUARTER HOUR AT A BASE RATE OF **\$70.00 PER HOUR/PER OFFICER** IN MINIMUM INCREMENTS OF ONE-QUARTER (1/4) HOUR/PER OFFICER. IN THE EVENT OF A CANCELLATION, THE REQUESTING ORGANIZATION MUST PROVIDE THE WHEATON POLICE DEPARTMENT WITH A MINIMUM TWENTY-FOUR (24) HOURS NOTICE. FAILURE TO GIVE SUCH NOTICE WILL RESULT IN THE REQUESTING ORGANIZATION BEING RESPONSIBLE FOR THE ENTIRE CONTRACTED FEE. OFFICERS SHALL BE USED TO PROVIDE POLICE SECURITY WHILE ENFORCING CRIMINAL LAWS AND PROCEDURES AS GOVERNED BY THE U.S. CONSTITUTION AND STATE OF ILLINOIS. THEY WILL NOT BE USED FOR NON-POLICE RELATED FUNCTIONS OR ENFORCEMENT THAT IS NOT PROTECTED BY LAW. ***In the event a Wheaton Police Officer is unavailable for this assignment, the Wheaton Police Department, in its sole discretion, shall decide if an on-duty officer shall be assigned or the event will go unassigned with no cost to the requesting organization**

PAYMENT FOR SERVICES REQUESTED SHALL BE MADE DIRECTLY TO THE CITY OF WHEATON, FINANCE DEPARTMENT.

I HEREBY ACCEPT AND APPROVE THE TERMS AND CONDITIONS OF THIS REQUEST AS INDICATED ABOVE, AND AGREE TO REIMBURSE THE **CITY OF WHEATON** AS INDICATED.

Authorized Signature

Date

4/30/18