

**WHEATON POLICE DEPARTMENT**  
**REQUEST FOR EXTRAORDINARY POLICE SERVICES**

NAME: FT Care Night Run                      ORGANIZATION NAME: Wheaton Park District  
BILLING ADDRESS: 855 W Prairie, Wheaton, IL 60187  
PHONE: 630-510-5117                      E-Mail: [dnovak@wheatonparks.org](mailto:dnovak@wheatonparks.org)  
LOCATION OF EVENT: 100 E Liberty  
DATE OF EVENT: Saturday 9/28/19  
TIME OF EVENT: 5:30-9:30  
ANTICIPATED ATTENDANCE: 1,500                      NATURE OF THE EVENT: Pre-Post Race Party  
NUMBER OF OFFICERS REQUESTED: 2                      NATURE OF DUTIES: Beer Service Per Ordinance

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**POLICE USE ONLY**  
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DATE RECEIVED:

REQUEST APPROVED:

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

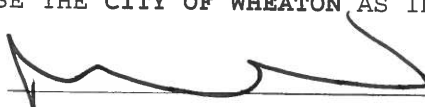
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**APPROVAL ENDORSEMENT**  
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THE CITY OF WHEATON CHARGES \$70.00 PER HOUR/PER OFFICER FOR EXTRAORDINARY POLICE SERVICE. IF A REQUEST FOR EXTENSION OF EXTRAORDINARY POLICE SERVICES IS ASKED AND PROVIDED 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

9-11-19