

WHEATON POLICE DEPARTMENT
REQUEST FOR EXTRAORDINARY POLICE SERVICES

NAME: **Darrell Houston**

ORGANIZATION NAME: **Wheaton Park District**

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

PHONE: **(630) 510-5129** Fax: **(630) 690-5516**

LOCATION OF EVENT: **Seven Gables Park**

DATE OF EVENT: **August 26, 2017, September 09, 2017, September 16, 2017, September 23, 2017, September 30, 2017, October 7, 2017, October 14, 2017**

TIME OF EVENT: **10:00am to 3:00pm each date**

ANTICIPATED ATTENDANCE: **800**

NATURE OF THE EVENT: **Soccer**

NUMBER OF OFFICERS REQUESTED: **One**

NATURE OF DUTIES: **Traffic Direction**

POLICE USE ONLY

DATE RECEIVED: August 16, 2017

REQUEST APPROVED: Lieutenant T. 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 OF AND WILL BE CHARGED PRO RATA AT A BASE RATE OF \$70.00 PER HOUR/PER OFFICER IN MINIMUM INCREMENTS OF ONE-HALF (1/2) HOUR/PER OFFICER FOR ALL TIME WORKED BEYOND THE ORIGINAL AGREEMENT. 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. *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 _____

[Handwritten Signature]
8/16/17