MEDICINE HAT POLICE SERVICE EXTRA DUTY CONTRACT

I,			being a	representa	tive of			
		Name		Company/Organization				
wish t	to con	tract the service o	f police offic	ers from th	e Service as	follows:		
NO. OF OFFICERS		FUNCTION	LOCATION		HOURS REQUIRED (min 3)	FROM	то	DATE
CONE	OITION	IS	<u> </u>					
A.	I understand that the rate for each police officer is one hundred dollars (\$100.00) per hour for a minimum of three hours per officer.							
B.	I understand that I will be allowed to change either the number of officers required or the hours each is required up until 48 hours before such services are required by contacting the on-duty Operational S/Sgt.							
C.	I understand that I will be required to pay for the full number of officers required and hours required regardless of the time attending officers were engaged in active duty should not notice be made to modify either the number of officers required or hours each is required prior to 48 hours before the event.							
D.	I hereby deposit the amount of one hundred dollars (\$100.00) as a down payment to be put toward the cost of these services.							
E.	I understand that should I cancel this contract for any reason prior to the forty-eight (48) hour time limit the amount deposited shall be forfeited in its entirety to the Service to cover administration expense.							
Agency Representative				Medicine Hat Police Service				
Ph #_								
Email								
Signe	d at th	e City of Medicine H	lat, in the Pro	ovince of Alb	erta,			
this		dav of			A.D	_		