## MEDICINE HAT POLICE SERVICE EXTRA DUTY CONTRACT

I,			being a	representa	ative of			
,		Name	0	'		npany/Org	anization	
wish	to con	tract the service	of police office	cers from th	ne Service as	follows:		
NO. OF OFFICERS		FUNCTION	LOCATION	HOURS REQUIRED (min 3)	FROM	то	DATE	
CONI	OITION	IS						
A.	I understand that the rate for each police officer is one hundred twenty dollars (\$120.00) 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 twenty dollars (\$120.00) 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.							
Δαει	ncy Re	presentative			Med	icine Hat P	olice Service	
J	•	presentative			Wica	ioino maci	01100 001 1100	•
Email								
Signe	d at th	e City of Medicine	Hat, in the Pr	ovince of All	perta,			
this		day of			A.D.,			