Request For Private Detail Officer

Date(of request):_____.

Date(**of detail**):_____.

Location of Detail:_____.

Start Time:_____ Ending Time_____ Total Hrs._____.

Total Number of Officers Requested:_____.

Description of Event:
_____
_____
_____
_____
_____.

Name of Person/Organization Requesting Detail: _____
_____.

Contact Person: _____.

Phone: Day:_____. Evening:_____.

Mailing Address:_____.

I would like to **PAY OFFICER** at time of detail or **BE BILLED (Admin. Fee Applicable)** by the town of Marion (circle one).

Note: Detail Rate set by Marion Police Brotherhood Contract. Deliver in person to the Marion Police Station. Do not Mail this form.

Questions: Call Marion Police Department at (508) 748-1212.