



REQUEST FOR PRIVATE DETAIL OFFICER

Date of Request: _____

Time of Request: _____

Date of Detail/Event: _____

Location of Detail/Event: _____

Start Time: _____ Ending time: _____ Total Hrs. _____

Total Number of Officers Requested: _____ Cruiser Required: Y or N

Work being performed for Town of Marion: Y or N

Alcohol Served: Y or N

Description of Event:

Name of Person/Organization Requesting Detail: _____

Contact Person: _____

Phone: Day: _____ Night: _____ Cell: _____

Billing Information: You will be billed by the Town of Marion (Admin. Fee Applicable)

Name of Person/Organization to be Billed: _____

Street: _____

Town/State/Zip: _____

Please reference invoice # on payment

Entered into DTS: Y or N Date Entered _____ By Who _____

Date Cancelled: _____

Time Cancelled: _____

9/16/2023