



**Application for Contractual Off Duty Police Officer Employment**  
**Paducah Police Department**  
 1400 Broadway  
 Paducah, KY 42001



Business/Organization/Individual	
Billing Address	
Business Telephone Number/Email Address	
Authorized Representative	
Home Telephone #/Cellular #	

Predicted Number of Attendees: \_\_\_\_\_ Alcohol at Event: Yes No Permitted Event: Yes No

Requested # of Officers/Cruisers	Number of Officers	Number of Cruisers
Service Date(s)		
Service Times		
Name or Type of Event/Event Location		
Assignment Responsibilities		

I, \_\_\_\_\_, as the authorized representative of \_\_\_\_\_  
(Name of Representative) (Name of Business)  
 hereby acknowledge the attached "Conditions of Contract" and agree that \_\_\_\_\_ will  
(Name of Business)  
 abide by and be subject to these conditions in all respects of an off-duty officer's employment.

I acknowledge that payment for services must be received by the police department ten (10) calendar days prior to the services date, unless other arrangements are made with the Assistant Chief of Operations or his/her designee. If payment is not made, the contract may be cancelled at the sole option of the Chief of Police or his/her designee. This contract will expire one (1) year from the approval date unless indicated otherwise.

\_\_\_\_\_  
 Authorized Representative Date

Contract Approval

The above application for contract is hereby granted, and the above application, together with the attached "Conditions of Contract," is hereby adopted, by reference, and is made a part of and constitutes the terms and conditions of this contract.

\_\_\_\_\_  
 Assistant Chief of Operations or Designee Date Approved

\_\_\_\_\_  
 Chief of Police or Designee Date Approved