WESTWOOD POLICE DEPARTMENT DETAIL REQUEST FORM

FAX NUMBER: 781-326-1086 WEBSITE: www.westwoodpd.org

Company Name:		
•	Print Name)	
Company Representative:	Phoi	ne
	Print Name)	
Billing Address:(Print Street	t Address)	
(i iiii diiddi	(/ ladi 000)	
(Print City)	(Print State)	Zip Code
Date of Detail:		
Detail Location:		
Time of Detail:		l Hours:
Start	Finish	
Cruiser Required:YES	NO	s:
Special Instructions:		
Utility/Road work performed hours. For each outside deta minimum pay shall be eight will also be charged.	ail that is in excess of fou	• •
For any town detail not invol churches, and any other nor three (3) hours, with one (1)	n-profit organization, the l	minimum detail pay shall be
Additionally, for any detail w additional charge of ten doll with one (1) hour increments	ars per hour (\$10.00) witl	•
Signature of Company Repr	resentative	
orginature or company nepr	Cocilialive	

ALL INFORMATION MUST BE FILLED IN BEFORE YOU WILL BE PAID FOR THE DETAIL. ALL SLIPS MUST BE SIGNED BY A REPRESENTATIVE OF THE COMPANY.