



Michael F. Luth
Chief of Police

GROTON POLICE DEPARTMENT

99 Pleasant Street
Groton, MA 01450

Tel: (978) 448-5555
Fax: (978) 448-5603



James A. Cullen, III
Deputy Chief

DETAIL BILLING POLICIES

- ❖ The Payment Authorization section of the form must be completed, *to include a billing approval signature and date*, **before** a detail officer can be assigned to the detail.
- ❖ Your prompt payment is expected within **10 days** from the invoice date.
- ❖ The Private Detail rate is \$55.00 per hour. An administration fee is added to the invoice.
- ❖ Minimum detail (4) hours. Details are billed in four (4) hour increments up to eight (8) hours. A rate of time and one-half is billed after eight (8) hours in two-hour increments. Details on holidays will be billed at time and one half private detail rate. Officers ordered in to work a detail, or an emergency detail or details expected to have more than 1,000 people shall be paid at time and one-half. An Emergency Detail shall be defined as a detail request with less than a four hour notice.
- ❖ Making copies of this detail request form for future use is acceptable provided there is a billing approval signature and date.
- ❖ The detail officer will complete his/her start and end time. A site representative is required to sign the officer's completed form.
- ❖ You may fax the **completed** Detail Request form to (978) 448-5603.

DETAIL CANCELLATION POLICIES

- A cancellation notice of **two (2) hours prior** to the detail **START** time is required.
- Failure to cancel a detail request with the Groton Police Department, two (2) hours prior to the start of the detail, shall generate a **Cancellation Fee** invoiced at the amount equal to a minimum of **four (4) hours**.

**DETAIL REQUEST AND
PAYMENT AUTHORIZATION FORM**

To be completed by ****SHIFT SUPERVISOR - * Contractor/Company** Officers Needed: _____

DETAIL REQUEST

**Date Received:		*DATE DETAIL NEEDED:	
** Received/Filled by: (Shift Supervisor)	Time:	Detail Cancelled <input type="checkbox"/> YES <input type="checkbox"/> NO	Cancel Date & Time: _____
**Rate: <input type="checkbox"/> Regular <input type="checkbox"/> Emergency <input type="checkbox"/> Event (1000+)		By: _____ <i>(cancel at least 2 hours prior to start time)</i>	
*Name of Requestor	Phone:		
*Name of Company: (Subcontractor)	Phone:		
**Type of Detail (4 hr min)	<input type="checkbox"/> Regular <input type="checkbox"/> Traffic Event: _____ <input type="checkbox"/> Emergency		
*Time Detail Needed	Start:	End:	
*Location of Detail			

To be completed by **Patrolman** and Site Rep***

**Detail Officer (Please Write Clearly)	Print: _____	<i>Outside Officer</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
	Signature: _____	Dept: _____
		Date: _____
**Hours Worked	Start:	Total Hours Worked:
	End:	
* SITE REPRESENTATIVE (Verify hours worked)	Print: _____	
	Signature: _____	Date: _____

***To Be Completed by Contractor/Company**

PAYMENT AUTHORIZATION INFORMATION (Please Print Clearly)

*Billing Address:	*BILLING APPROVAL
	*Billing Contact:
	*Phone:
	*Fax:
	*Date of Approval:
	*Approval Signature: (Authorizes payment of detail)

<<INTERNAL USE ONLY>>

INVOICE INFORMATION

Invoice Date		Invoice #	
Invoice Amount		Payroll Date:	
Officers Billed		Payment Rec'd	
#Hours Worked		Admin Waiver	<input type="checkbox"/> YES <input type="checkbox"/> NO
Rate:		(Submit Contract)	