



Donald L. Palma, Jr.
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 \$48.00 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 one-hour increments. Details on holidays will be billed at time and one half private detail rate.
- ❖ 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.
- ❖ 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 (circle one)**

DATE NEEDED:	# of Officers: NEEDED:
Cancelled? (Must occur 2 hours prior to start time).	
Cancelled by?	Date Cancelled: _____ Time: _____
*Name of Requestor	
*Name of Company (Subcontractor)	
*Time Detail Needed	Start: END:
*Location of Detail	

****To be completed by Police Officer and *Site Rep**

**Detail Officer	PRINT NAME HERE: → _____	
(Please Write Clearly)	Signature: _____	DATE: _____
**Hours Worked	START: _____ END: _____	Total Hours Worked: _____
*SITE REPRESENTATIVE		
(Verify hours worked)	Signature: _____	DATE: _____

***To Be Completed By Contractor/Company**

PAYMENT AUTHORIZATION INFORMATION Please Print Clearly	
*Billing Address:	<u>*BILLING APPROVAL</u>
	*Billing Contact:
	*Phone:
	*Fax:
	*Date of Approval:
	*Approval Signature: (Authorizes payment of detail)

INVOICE # _____