



# Paid Duty Request Form

TPS 784, 2021/11/22

## PART A - To be completed by person/agency requesting the Paid Duty

TPS Account Number: [Redacted]

**REQUESTOR INFORMATION**

(Name) [Redacted] (Phone Number) [Redacted] Ext: [Redacted]

(e-mail) [Redacted] (Company Name) [Redacted]

(Billing Address) [Redacted]

**FOREMAN / SITE CONTACT INFORMATION**

(Name) [Redacted] (Phone Number) [Redacted] Ext: [Redacted]

(e-mail) [Redacted]

## PAID DUTY & EVENT DETAILS

Date: 2024/08/17 (YYYY/MM/DD) Start Time: 08:00 (24 hr. clock) (HH:MM) End Time: 23:00 (24 hr. clock) (HH:MM) Time duration must be minimum 3hrs and no more than 12hrs per officer. Multiple Dates/ Locations/Times:  Yes  No

Location/ Details: Intersection of Dufferin St/Liberty St or Dufferin St/King St  
 Note: Dufferin St is closed at Springhurst Ave for CNE during below listed dates and times  
 (Please include the Intersection or Street Number and Name. For multiple locations please provide all addresses/intersections)

Function of Officer: Minimize southbound traffic coming into Liberty Village with the exception of residents, local traffic and other business in the neighbourhood

Type of Paid Duty:  Traffic  Escort  Security  Film (Check all that apply)

Description of Event: Vehicular and pedestrian control

Does this event require a permit?  Yes  No Will liquor be served at the event?  Yes  No

Were you contracted by the City of Toronto to do this work?  Yes  No

*Please include all permits when submitting this request.*

Is this a funeral request?  Yes  No Deceased Family Name: [Redacted]

## OFFICER, EQUIPMENT & TEAM DETAILS

Please indicate the number of Officers, Police Equipment, and Specialized Unit Teams required:

					SPECIALIZED UNIT TEAMS*					
Police Constable	Sergeant	Staff Sergeant	Vehicle: for mobility	Vehicle: for visibility	Bicycle / Trailer	Emergency Task Force (ETF)	Marine Unit (MAR)	Mounted Unit (MTD)	Police Dog Services (PDS)	Explosive Disposal Unit (EDU)
1										

\*Additional costs are associated. These requests include follow-up consultation.

I HAVE READ AND UNDERSTAND THE TERMS OF THE AGREEMENT. I HAVE SIGNING AUTHORITY FOR THE COMPANY AND ACCEPT THE TERMS OF THE AGREEMENT, INCLUDING THE NUMBER OF OFFICERS, POLICE EQUIPMENT LISTED, THE ASSOCIATED OFFICERS PAYMENTS, ADMINISTRATIVE FEES, EQUIPMENT FEES AND TAXES.

Signature of Authorized Company Representative: [Redacted] Date: [Redacted] (YYYY/MM/DD)

## PART B - To be completed by Toronto Police Central Paid Duty Office

Approved  Denied Reason if denied: [Redacted]

Reviewed By: [Redacted] Date: [Redacted] (YYYY/MM/DD)

Submit by E-mail

PAID DUTY REF NO.: [Redacted]

HOST DIVISION: [Redacted]

