



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

Requestor Name: [REDACTED] (Company Name)

Billing Address: [REDACTED]

FOREMAN / SITE CONTACT INFORMATION

Foreman Name: [REDACTED] (P: [REDACTED] N: [REDACTED])

E-mail: [REDACTED]

PAID DUTY & EVENT DETAILS

Date: Start Time: End Time: Time duration must be minimum 3hrs and no more than 12hrs per officer. Multiple Locations/ Times: Dates/ YES NO

Location/Details: (Please include the Intersection or Street Number and Name. For multiple locations please provide all addresses/intersections)

Function of Officer:

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

Description of Work/Event:

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:

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)
<input type="text" value="2"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If no vehicle available OK to proceed without: Yes No

*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:

Reviewed By: Date: (YYYY/MM/DD)

DISTRIBUTION: Original - Unit File

Submit by E-mail

PAID DUTY REF NO.:

HOST DIVISION:

