

NEW CANAAN POLICE DEPARTMENT

CONTRACTOR REQUEST FOR EXTRA DUTY OFFICER(S)

Date and time of request: _____

Person making request: _____

Business Phone number: _____

Job location: _____

Date of work: _____

Time of work: _____

Number of officers requested: _____

Billing address: _____

I UNDERSTAND THAT IF THIS WORK SITE IS NOT STAFFED BY AN ADEQUATE NUMBER OF POLICE OFFICERS OR FLAGMEN FOR THE PURPOSE OF DIRECTING TRAFFIC, THE CONSTRUCTION PERMIT ISSUED BY THE TOWN OF NEW CANAAN WILL BE SUBJECT TO REVOCATION.

Signed

Date