SERVICE AGREEMENT REQUEST FORM



CITY OF BLACK DIAMOND

Community Development Dept.

24301 Roberts Drive / PO Box 599 Black Diamond, WA 98010 (360) 851-4447

REQUEST INFORMATION

City Assistance Required From:	Police Department	□ Fire Department	Public Works Department
Organization/ Person Requesting Assistance:			
Phone:		Email:	
Event Location:		Date(s)/Time(s):	
Please describe the event:			
Contractor requests the services of a commissioned police officer who will be dedicated to performing the following services (check box that applies):			
Flagging/Traffic Control	Security for Entertain	iment Venue or Event	□ Security for Retail Establishment
Guarding of Property, Building	s, Possessions, or Equipme	ent 🗌 Ot	her (please describe):

SIGNATURES

The City of Black Diamond agrees to provide these services on the requested date(s). The City of Black Diamond will bill for all services on an hourly basis per the adopted fee schedule. There shall be a three (3) hour minimum payment for police services. Cancellation, alteration, or rescheduling of police officer services by the contractor for a specific date must be made at least 10 hours prior to the scheduled start time for that date. If contractor fails to provide ten (10) hours advance notice from the scheduled start time, contractor will be billed for a minimum payment of (3) hours per officer scheduled for that date. Cancellation, alteration, or rescheduling notification can be made by phone or email.

The City of Black Diamond may subcontract to other outside police agencies in the event they are unable to provide staffing. The hourly rate would be the same, per the adopted fee schedule.

City Staff Signature: _____ Date: ______
Title: ________agrees to pay for the services the City of Black Diamond is providing.
Requester's Name
Signature: ______ Date: ______