SERVICE AGREEMENT REQUEST FORM



CITY OF BLACK DIAMOND

Community Development Dept.

24301 Roberts Drive / PO Box 599 Black Diamond, WA 98010 (360) 851-4567

REQUEST INFORMATION	
City Assistance Required From: Police Department	nt
Organization/ Person Requesting Assistance:	
Phone:	Email:
Event Location:	Date(s)/Time(s):
Please describe the event:	
Contractor requests the services of a commissioned polic (check box that applies):	ce officer who will be dedicated to performing the following services
 ☐ Flagging/Traffic Control ☐ Security for Entertainment Venue or Event ☐ Security for Retail Establishment 	 ☐ Guarding of Property, Buildings, Possessions, or Equipment ☐ Other (please describe):
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SIGNATURES	
services on an hourly basis per the adopted fee schedule services. Cancellation, alteration, or rescheduling of polic at least 10 hours prior to the scheduled start time for the from the scheduled start time, contractor will be billed for date. Cancellation, alteration, or rescheduling notification. The City of Black Diamond may subcontract to other outs	side police agencies in the event they are unable to provide staffing.
The hourly rate would be the same, per the adopted fee	
City Staff Signature:	Date:
Title:	
agrees to have for the	o convices the City of Plack Diamond is providing
Requester's Name	e services the City of Black Diamond is providing.
Signature:	Date:

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