



LONDON POLICE DEPARTMENT

10 East First St.
London, Ohio 43140
740-852-1414
lpdrecords@lpdoh.com

REQUISITION FORM FOR SPECIAL DUTY POLICE OFFICER(S)

TYPE OF DUTY REQUESTED: { } Traffic Control { } Security

DESCRIBE EVENT: _____

LOCATION OF EVENT: _____

DAY/DATE/TIME: _____

REQUESTING ENTITY: { } Profit { } Non-Profit

Business Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Fax/Email: _____

CONTACT PERSON: Name: _____

Phone: _____ Alt.Phone: _____ Email: _____

Signature of Requesting Individual: _____

Printed Name of Requestor: _____ Date Submitted: _____

FOR INTERNAL USE ONLY

Received by: _____ Date/Time: _____

Approved by: _____ Date/Time: _____

Officer(s) Assigned:

Any Related Run/Incident #'s:

Actual Hours : _____ Rate: _____ Cruiser(s) Utilized: _____ Hours Billed: _____

Invoiced: _____ Payment Received: _____ By: _____