



GROTON POLICE DEPARTMENT

99 Pleasant Street
Groton, MA 01450



Michael F. Luth
Chief of Police

Tel: (978) 448-5555
Fax: (978) 448-5603

DETAIL BILLING POLICIES

- ❖ The Payment Authorization section of the form **must** be completed, *to include a billing approval signature and date*, **before** a detail officer can be assigned to the detail.
- ❖ Your prompt payment is expected within **10 days** from the invoice date.
- ❖ The Private Detail rate is \$55.00 per hour. An administration fee is added to the invoice.
- ❖ Minimum detail (4) hours will be billed. Details are billed in four (4) hour increments up to eight (8) hours. A rate of time and one-half (1½) is billed after eight (8) hours in two-hour increments. Details on holidays will be billed at time and one-half (1½) private detail rate. Officers ordered in to work a detail, or an Emergency detail* or details expected to have more than 1,000 people shall be paid at a rate of time and one-half (1½). *An Emergency Detail shall be defined as a detail request with *less than* a four-hour notice.
- ❖ Making copies of this detail request form for future use is acceptable provided there is a billing approval signature and date.
- ❖ The detail officer will complete his/her start and end time. A site representative is required to sign the officer's completed form.
- ❖ You may fax the **completed** Detail Request form to (978) 448-5603 or email Details@grotonma.gov (a photo of the completed detail request form may be emailed)

DETAIL CANCELLATION POLICIES

- A cancellation notice of **two (2) hours prior** to the detail **START** time is required.
- Failure to cancel a detail request with the Groton Police Department, two (2) hours prior to the start of the detail, shall generate a **Cancellation Fee** invoiced at the amount equal to a minimum of **four (4) hours**.

DETAIL REQUEST AND PAYMENT AUTHORIZATION FORM

To be completed by ****SHIFT SUPERVISOR** - * Contractor/Company Officers Needed: _____

DETAIL REQUEST

**Date Received:	*DATE DETAIL NEEDED:
** Received/Filled by: _____ Time: _____ (Shift Supervisor)	Detail Cancelled <input type="checkbox"/> YES <input type="checkbox"/> NO Cancel Date & Time: _____
**Rate: <input type="checkbox"/> Regular <input type="checkbox"/> Emergency <input type="checkbox"/> Event (1000+)	By: _____ (cancel at least 2 hours prior to start time)
*Name of Requestor	Phone: _____
*Name of Company: (Subcontractor)	Phone: _____
**Type of Detail (4 hr min)	<input type="checkbox"/> Regular <input type="checkbox"/> Traffic Event: _____ <input type="checkbox"/> Emergency
*Time Detail Needed	Start: _____ End: _____
*Location of Detail	_____

To be completed by **Patrolman** and Site Rep***

**Detail Officer (Please Write Clearly)	Print: _____ Signature: _____	<i>Outside Officer</i> <input type="checkbox"/> YES <input type="checkbox"/> NO Dept: _____ Date: _____
**Hours Worked	Start: _____ End: _____	Total Hours Worked: _____

* SITE REPRESENTATIVE (Verify hours worked)	Print: _____ Signature: _____	Date: _____
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***To Be Completed by Contractor/Company**

PAYMENT AUTHORIZATION INFORMATION (Please Print Clearly)

*Billing Address:	*BILLING APPROVAL
_____	*Billing Contact: _____
_____	*Phone: _____ *Fax: _____
_____	*Date of Approval: _____
Fax completed form to: (978) 448-5603 or EMAIL to Details@grotonma.gov	*Approval Signature: _____ (Authorizes payment of detail)

<<INTERNAL USE ONLY>>

INVOICE INFORMATION

Invoice Date		Invoice #	
Invoice Amount		Payroll Date:	
Officers Billed		Payment Rec'd	
#Hours Worked		Admin Waiver	<input type="checkbox"/> YES <input type="checkbox"/> NO
Rate:		(Submit Contract)	