



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. “Keep the Peace” details must be paid in full in advance.
- ❖ The Private Detail rate is \$61.00 per hour. An administration fee is added to the invoice.
- ❖ The fee for use of a police cruiser for details is \$25 for 4 hours and \$50 for 8 hours. If a cruiser is deemed necessary by the department due to traffic safety, this will be checked off and the company will be billed for use of a police cruiser.
- ❖ 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:
Police Cruiser Needed:	<input type="checkbox"/> need cruiser <input type="checkbox"/> no cruiser needed
**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 Officer** and Site Rep*	
**Detail Officer (Please Write Clearly)	Print: _____ Outside Officer <input type="checkbox"/> YES <input type="checkbox"/> NO Dept: _____
	Signature: _____ Date: _____
**Hours Worked	Start: _____ Total Hours Worked: _____ End: _____
* SITE REPRESENTATIVE (Verify Print: hours worked)	Signature: _____ Date: _____
*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)	