

Central Berks Regional Police Department

2147 Perkiomen Avenue, Reading, PA 19606 610-779-1100 (Office) 610-779-7135 (Fax)

Chief of Police Raymond Serafin

POLICE SERVICES REQUEST FORM

| TODAY'S DATE: | | | | | |
|---|----------------------------------|---------------------------------------|-----------------------|--|--|
| REQUEST SUBMITTED BY: | E-MAIL | U.S. MAIL | FAX | IN-PERSON | |
| NAME OF REQUESTOR | | | | | ("Requestor") |
| NAME OF BUSINESS | | | | | |
| MAILING ADDRESS | | | | | |
| Telephone: | | | _ Email: | | |
| NAME OF THE EVENT AND the dates (s), time (s), and I | | | VHICH P | OLICE SERVICES AF | RE REQUESTED (include |
| NUMBER OF OFFICER: The Requestor requests the provide Police Services at the | nat the Cent | tral Berks Reg | gional Po | olice Department | ("Police Department") |
| 1. The fee for Police Se is a three (3) hour minimum a holiday overtime rate of \$\xi\$ | rvices shall b n (\$270.00 pe | e: Ninety Dolla er officer); (if t | ars (\$90. he date | 00) per hour for ea of service should f | • • |
| 2. The Police Department from the Requestor within Berks Regional Police Department. | thirty (30) d | | | | int due. Payment is due ide payable to "Central |
| 3. For the purpose of powers and authority conference Department. While purpose the Chief of Police and the | erred upon the performing P | em while they olice Services | are eng | aged in performing | |
| Requestor Signature | | Tit | :le | | |