



Johnston Police

D E P A R T M E N T

HONOR. PROTECTION. SERVICE.
www.cityofjohnston.com/police

Request for Police Service

Date of Request:

Company or Individual Requesting:

Mailing Address:

Contact Person:

Phone:

Email:

Event Information

Name/Type of Event

Location of Event

Date of Event

Start Time:

End Time:

Number of Officers Requested

Additional Details, if applicable:

I acknowledge that I have read and understand the terms and conditions of the City of Johnston Policy on Staffing Special Events. I agree to pay the City of Johnston within thirty (30) days of receiving the invoice for the above police service. I understand that failure to cancel the job without at least twelve (12) hour notice will result in me/my company being charged a two-hour minimum fee for each assigned officer. I further understand that the Chief of Police reserves the right to deny future requests for Police Service if payments are not made within the designated time.

Signature

Date

Submit by mail/fax/email:

Johnston Police Department, 6373 Merle Hay Road, Johnston IA 50131

Fax: 515-278-8239 Email: snore@cityofjohnston.com