



GROTON POLICE DEPARTMENT

99 Pleasant Street
Groton, MA 01450



Michael F. Luth
Chief of Police

Tel: (978) 448-5555
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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 \$67.00 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. Road Construction/Utility work details that occur during the hours of 1900-0700 hrs. will be paid at the rate of time and one-half (1½) of the non-holiday 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.
- ❖ You may email the **completed** Detail Request form to Details@grotonma.gov.

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**.



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DETAIL REQUEST AND PAYMENT AUTHORIZATION FORM

Name of Requestor:	Phone:
Name of Company: (Subcontractor)	Phone:
Number of Officers Needed:	
Police Cruiser Needed:	☐ Yes ☐ No # Needed:
Date/Time Detail Needed:	Date: Start: End:
Location of Detail:	

PAYMENT AUTHORIZATION INFORMATION

Billing Address:	<u>BILLING APPROVAL</u>
	Billing Contact:
	Phone:
	Date of Approval:
Email completed form to details@grotonma.gov	Approval Signature: