



## GROTON POLICE DEPARTMENT

99 Pleasant Street  
Groton, MA 01450

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



**Michael F. Luth**  
*Chief of Police*

**James A. Cullen, III**  
*Deputy Chief*

### 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. Details are billed in four (4) hour increments up to eight (8) hours. A rate of time and one-half is billed after eight (8) hours in two-hour increments. Details on holidays will be billed at time and one half 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 time and one-half. 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 to [Details@townofgroton.org](mailto:Details@townofgroton.org)

### **\*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**

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

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

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

**\*To Be Completed by Contractor/Company**

**PAYMENT AUTHORIZATION INFORMATION** (Please Print Clearly)

<b>*Billing Address:</b>		<b>*BILLING APPROVAL</b>	
		<b>*Billing Contact:</b>	
		<b>*Phone:</b>	
		<b>*Fax:</b>	
		<b>*Date of Approval:</b>	
Fax completed form to: (978) 448-6037 or email to Details@townofgroton.org		<b>*Approval Signature:</b> (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)	