City of Gonzales
Police Department

415 EAST CORNERVIEW ● GONZALES, LOUISIANA 70737 ● PHONE (225) 647-7511 ● FAX (225) 647-9544

REQUEST FOR UNIFORMED DETAIL

Any citizen, business or other organization requesting the employment of off-duty Officers of the Gonzales Police Department must complete this form and forward it in person or by Fax (225-647-9544) Lt. David Breaux (225-647-9581) or Lt. G. Ferrari (225-647-9582).

REQUESTS ARE TO BE MADE A MINIMUM OF AT LEAST (14) WORKING DAYS PRIOR TO THE EVENT

For in-person delivery:

Gonzales Police Dept.
415 E. Cornerview Rd.
Gonzales, La. 70737

For Fax delivery:

Lt. Breaux or Lt. Ferrari
Fax: 225-647-9544
Tel: 225-647-9581or 9582

Type of Organization (check one)

☐ Business   ☐ School
☐ Individual   ☐ Government
☐ Other

Person and or Organization Requesting Detail: (**PLEASE PRINT**)

Name: _____   Ph#:_____   Cell#: _____

Address: _____   D/L#_____   St._____

City: _____   E-mail: _____

Representing (Organization): _____

Location of Event:_____

Type of Event: _____

Number of Attendees: _____   Band /D.J. info: _____

Date of Event:_____   Hours of Event: _____ a/m p/m until____:_____ a/m p/m

> *THERE IS A (4) HOUR MINIMUM FOR OFFICERS WORKING AN EVENT*
> **THE NUMBER OF OFFICERS WILL BE DETERMINED BY THE LIEUTENANT**
> RATE OF PAY PAYABLE BY **CASH ONLY**:
> **$40.00** PER OFFICER PER HOUR
> **$40.00** PER OFFICER PER HOUR FOR **SCHOOLS**
> **$50.00** ANY HIGH VISIBLE TRAFFIC DETAIL
> **$50.00** PER OFFICER PER HOUR (IF LESS THAN 6 DAYS NOTICE)
> ****SPECIAL EVENT RATES MAY VARY***

Will any alcoholic beverages be sold at this function? YES ☐   NO ☐ (check one)
(*IF ALCOHOL IS SOLD YOU MUST SUPPLY COPY OF PERMIT TO SELL ALCOHOL WITH THIS FORM)

Will any alcoholic beverages be consumed at this function? YES ☐   NO ☐ (check one)
(*(2) Officers are required for any function where alcohol is consumed)
(** 21-year-old age requirement for alcohol will be enforced**)

CANCELLATIONS MUST BE MADE 48 HRS. IN ADVANCE TO 225-647-9581 or 225-647-9582

X _____   _____
Signature of person submitting request   Approved by: (**G.P.D. Use Only**)

Date Today:_____
(I HEREBY STATE THAT THE ABOVE INFORMATION IS TRUE)
Effective 10/30/2023