

MADISON POLICE DEPARTMENT

APPLICATION FOR SPECIAL DUTY

For requests of Madison Police Department Special Duty, please complete this application and submit it to the Madison Police Department, Attn: Emily Hardiman, 211 S. Carroll St., Rm. GR-21, Madison, Wisconsin, 53703, or fax the application to (608)266-4855.

PARTY REQUESTING SERVICES

Name of Business or Organization: (Provide FULL LEGAL BUSINESS NAME – **Please confirm your organization's status before applying.**

The organization is a: Corporation (Inc, Corp, Co., etc.) Sole Proprietor
 Limited Liability Company (LLC) Partnership Limited Liability Partnership (LLP)
 Unincorporated Association Individual
 Other: _____.

* A "non-profit might also be incorporated.

DBA: (if doing business under another name)

Business Address: (Please include City, State, and Zip Code)

Name **and** Title of Authorized Signatory: (Name of person authorized to sign contract and their official title with the organization):

Name

Title

Business Phone Number

Fax Number

E-Mail Address

EVENT:

Name of Event:

Address of Event: (Exact Location)

Date, Time, Number of Officers Requested, & the Duration of the Event:

SCOPE OF SERVICES: Please indicate the type of services requested. (Example: Security, Traffic Control, etc.)

INSURANCE:

When submitting your application, please provide proof of Commercial General Liability and Contractual Liability Insurance with \$1,000,000 limit. (Example: Certificate of Liability Insurance.) Your insurance should name the City of Madison as additional insured. If you have any questions regarding insurance, please contact Risk Manager Eric Veum at 266-5965.

QUESTIONS?:

If you have questions regarding this form or police special duty services, please call Emily Hardiman at (608)267-8676. Ehardiman@cityofmadison.com

Applicant's Signature

Date

Phone

Print Name