

HILLSBOROUGH COUNTY SHERIFF'S OFFICE (HCSO)



REQUEST FOR ESCORT DEPUTIES

BUSINESS/AG								
NAME OF CO	NTACT:	PHONE:						
E-MAIL:		FAX:						
FUNERAL PROCESSION*: OVERSIZED LOAD TRANSPORT: NUMBER OF DEPUTIES REQUESTED:		(2 deputy minimum per 10 cars; 1 additiona	al deputy per add	deputy per additional 10 cars)				
		(2 HCSO vehicles required) CARRIAGE:	(2 additiona	(2 additional deputies required)				
		DATE OF ESCORT:	TIME:					
BEGINNING A	DDRESS:							
	Street	City	State	Zip				
ENDING ADD	RESS:	a ii						
	Street	City	State	Zip				
BILLING ADD	RESS:	City	State	Zip				
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Deputy Payme	ent: Paid Upon Completion	Paid Within 2 weeks of complet	ion					
HCSO Fees: Cancellations	 and issuing IRS forms at year-end. Supervisor Wage: \$50.00 Fees are billed by HCSO and are due upon receipt of statement. Checks are made payable to Hillsborough County Sheriff's Office. Administrative Fee - \$4.00 per deputy per hour. Mileage - \$0.25 per mile per vehicle. Cancellations must be in writing and received no later than two (2) hours in advance of starting time. If you fail to cancel your job timely, you will be required to pay \$126.00 to each deputy and a \$12.00 administrative fee payable to Hillsborough County Sheriff's Office. 							
Contact Info:	Fax Number:	D-1630) (813) 247-8280 After Hours / H (813) 242-1859 After Hours / H hcso.tampa.fl.us E-mail Address:	lolidays Fax: (813) 242-1812				
Requests:	Requests for off-duty deputies must be made in writing, via e-mail or fax. An Indemnification Agreement and W-9 must be on file with HCSO as a pre-requisite for approval. HCSO reserves the right to refuse to provide off-duty deputies for any request that violates Florida State Law, HCSO policy, or creates a conflict of interest with HCSO.							
Signature: I have read, understand, and agree to the requirements outlined above. I also understand request may not be filled due to the voluntary nature of the off-duty program.								
	Signed:	Date:						
of a deceased	person, or traveling to the ch	uneral Procession" means two or more ve urch, chapel, or other location at which ti ral lead vehicle or a funeral escort vehicle	me the funeral					

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Purchasing Use Only: E	Entered by:	_ABN:	Date:	Verified by:	_ABN:	Date:	
Off-Duty: New Cust:	Entered by:	ABN:	Date:	Verified by:	ABN:	Date:	