



LAKE PLACID POLICE DEPARTMENT

8 North Oak Avenue, Lake Placid, Florida 33852

Telephone 863-699-3759 Fax 863-699-3760

www.lppd.com chief@lppd.org



EXTRA DUTY DETAIL AGREEMENT

The Lake Placid Police Department will provide extra-duty police officers to meet your needs for any event occurring within the Town of Lake Placid. To ensure that Police Department's services are provided in an efficient and timely manner for your special needs, we request that you review the following guidelines. This completed application must be returned no later than five (5) days before the event.

1. The Chief of Police, or designee, must approve all details.
2. The Lake Placid Police Department reserves the right to cancel any detail upon notice to the requesting party.
3. A \$32.00 hourly rate per officer has been established for these extra details, with a two (2) hour minimum per detail. The fee pays for administrative costs for employees such as workers compensation insurance, employee benefits, and an hourly vehicle use rate.
4. To cancel a detail, you **MUST** notify the Lake Placid Police Department (863) 699-3757 twenty-four (24) hours in advance, or by 5:00 P.M. on Friday for a weekend detail. If advance notice of cancellation is not provided, you agree to pay the minimum "call-out" fee of two (2) hours.
5. You are required to pay the entire cost prior to the detail. A check or money order payable to the Lake Placid Police Department must be received by the Lake Placid Police Department prior to the event.
6. The following pages shall be completed in their entirety, including the hold harmless/indemnification agreement on the page three (3).
7. All officers hired are required to conduct themselves ethically in accordance with Florida law and to enforce same in accordance with their police oaths of office. Officers are required to obey the laws of the State of Florida and Lake Placid police policy at all times whether working an extra duty detail or working for the Police Department.

FINAL APPROVAL FOR DETAIL:

Chief of Police or Designee Signature

HOLD HARMLESS/INDEMNIFICATION AGREEMENT

In consideration of the Lake Placid Police Department authorizing its personnel to engage in private employment while wearing official uniforms and/or using Police Department property or equipment, the employer, _____, does hereby agree to defend, indemnify and hold harmless the Police Department, its Police Officers, and employees from and against all claims, damages, losses and expenses (including, but not limited to, reasonable attorney’s fees and incidental defense costs) arising out of or resulting from any acts or omission by Police Department personnel while in the performance of private employment work. This indemnification obligation shall not be subject to any limitation as to the amount or type of recovery sought or on the amount or type of insurance coverage secured by the private employer.

Applicability: It is the express intent of the employer that this agreement shall apply to any private employment agreement by the Lake Placid Police Department.

Subrogation: The employer shall require its insurance carriers, with respect to all insurance policies, to waive all rights of subrogation against the Lake Placid Police Department incident to such employment.

Name of Employer:

By:

Witness:

(Individual/Owner/Officer)

(Corporate Secretary/Witness)

STATE OF
COUNTY OF

The foregoing instrument was acknowledged before me this the _____ day of _____, 20____, by _____, as

(Name of person)
for

(Type of authority, e.g. owner, officer)

(Name of employer on behalf of whom instrument was executed)

(Signature of Notary Public)

(Print, Type, or Stamp name of Notary Public)

Personally Known OR Produced Identification (check one)

Type of Identification Produced: