



Osceola County Sheriff's Office

Off-Duty Business Application

Job # _____

Business/Management Company Information

(Note: Failure to fully complete all applicable information may result in processing delays)

Business Name: _____
(Full Company Name)

Street: _____

Suite#: _____ Bldg#: _____ Rm/Hall: _____ City: _____ State: _____ Zip: _____

Business Contact: _____ Title: _____
(Last, First, Middle)

Work#: _____ Cell#: _____ Other#: _____

Fax#: _____ E-Mail Address: _____

Business Accounts
Payable Contact: _____ Phone#: _____ Ext: _____
(Last, First)

Requested Schedule

Is this an ongoing detail over 31 days? Yes No Please provide a listing of your requested shifts. (A detailed schedule may be attached. If the shifts are yet to be determined, please write the start date, end date, and contact the HR Unit.)

Start		am <input type="checkbox"/>				am <input type="checkbox"/>
Date: _____	Start Time: _____	pm <input type="checkbox"/>	End Date: _____	End Time: _____	pm <input type="checkbox"/>	
Start		am <input type="checkbox"/>				am <input type="checkbox"/>
Date: _____	Start Time: _____	pm <input type="checkbox"/>	End Date: _____	End Time: _____	pm <input type="checkbox"/>	
Start		am <input type="checkbox"/>				am <input type="checkbox"/>
Date: _____	Start Time: _____	pm <input type="checkbox"/>	End Date: _____	End Time: _____	pm <input type="checkbox"/>	
Start		am <input type="checkbox"/>				am <input type="checkbox"/>
Date: _____	Start Time: _____	pm <input type="checkbox"/>	End Date: _____	End Time: _____	pm <input type="checkbox"/>	
Start		am <input type="checkbox"/>				am <input type="checkbox"/>
Date: _____	Start Time: _____	pm <input type="checkbox"/>	End Date: _____	End Time: _____	pm <input type="checkbox"/>	
Start		am <input type="checkbox"/>				am <input type="checkbox"/>
Date: _____	Start Time: _____	pm <input type="checkbox"/>	End Date: _____	End Time: _____	pm <input type="checkbox"/>	

Job Site Location Information

Location Name: _____

Address: _____

Suite#: _____ Bldg#: _____ Rm/Hall: _____ City: _____ State: _____ Zip: _____

Is this job located within a city jurisdiction? Yes No Gate access community: Yes No Code: _____

Special Instructions: _____

At Vendor Request: Marked Unmarked Vehicle No Preference

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Job Information Section

Type of Event – Please describe the nature of your event (i.e. carnival, concert, traffic control, business opening, etc.), and attach copy of advertisement or brochure, if any. _____

Permits Attached: Yes No If not why: _____

Are there any other police agencies working this detail? Yes No If yes, who? _____

Anticipated crowd size: _____ or tickets sold: _____

Number of deputies requested: _____ Number of Supervisors (5 deputies require a supervisor): _____

Will alcohol be sold? Yes No Will alcohol be served? Yes No Will alcohol be allowed on the property? Yes No

Describe job duties of deputies (i.e. traffic control, crowd control, security, etc.): _____

Emergency Contact: _____
(Last, First, Middle)

Work#: _____ Cell#: _____ Other#: _____

Additional Information

Submitted By

I swear and affirm that the following information is a complete and accurate reflection of the event for which I am requesting assistance from the Osceola County Sheriff's Office. I understand that my failure to provide an accurate and complete description is grounds for immediate termination of this detail.

Print Name _____

Signature _____

Date _____

For Office Use Only

Approved Denied By: _____ Date: _____

Notes: _____

****This section below must be completed if a detail is approved and later revoked for any reason****

Cancelled : Date _____ By: _____ Reason: _____