



Bruce R. McNamee  
Chief of Police

**TOWN OF EDGARTOWN**  
**Police Department**  
72 Pease's Point Way S P.O. Box 1118  
Edgartown, MA 02539  
508-627-4343 Fax 508-627-4577



**DETAIL REQUEST FORM**

Date of Call: \_\_\_\_\_ Time of Call: \_\_\_\_\_ Call Taken By: \_\_\_\_\_

Requesting Agency: \_\_\_\_\_ Phone #: \_\_\_\_\_

Billing Name & Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Detail: \_\_\_\_\_ Location: \_\_\_\_\_

# Officers Requested: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Cruiser Needed: \_\_\_\_\_

The rate of pay for all third party details shall be \$60/hour (HOSPITAL DETAILS \$90/hour) with a minimum pay of 4 hours blocks up to 8 hours. Excess of eight hours the officer will be paid by the hour at time and a half. There is a 10% processing fee.

\_\_\_\_\_  
Requesting Parties Signature \_\_\_\_\_  
Date

Agency Doing Detail: \_\_\_\_\_ Officer Doing Detail: \_\_\_\_\_

Detail Filled By: \_\_\_\_\_