INDIAN RIVER COUNTY SHERIFF'S OFFICE

Sheriff Eric Flowers

APPLICATION FOR EXTRA DUTY EMPLOYMENT

Phone: 772-569-6700 (Ext: 6161) Fax: 772-978-6164 E-Mail: ExtraDutyDetails@ircsheriff.org

In compliance with General Order 3510.12, this application is required to engage the extra-duty services of the required number of deputies for public safety, health, and welfare of those provided to the general public. A minimum of five (5) days advance notice is requested prior to the service date and advance payment will be required by an Official Bank Check or Money Order; cash is **not** accepted. All payments should be made to: Indian River County Sheriff's Office or payments may be made via credit card at the following link:
https://indianrivercshffl.tylerportico.com/payments/billsearch/miscellaneous-payments/01eef870-b926-4c1d-b7dc-4bf49c9bfcbb

Cancellation of the detail, with less than 24-hour notice prior to commencement of the detail, will result in a three (3) hour minimum billing per deputy.

***RATES*:** *Note: There is a three (3) hour minimum per deputy. A Supervisor is required for 5 or more deputies.*
Extra Duty Hourly Rates: *$60.00 Per Deputy, $70.00 Supervisor*
Holiday Hourly Rates: *$65.00 Per Deputy, $75.00 Supervisor*
Holidays are: July 4th, Thanksgiving Day and Day after Thanksgiving, Christmas Eve Day and Christmas Day, New Year's Eve Day and New Year's Day

***NOTE: Rates are subject to change at the discretion of the Sheriff's Office. In the event of a rate change, employers and/or vendors will be given notice at least thirty (30) day prior to the date requested for Extra Duty Services. A new/updated application may be required.**

EMPLOYER INFORMATION

Business / Person requesting services: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ E-Mail: _____

Work #: _____ Cell: _____ FAX: _____

JOB SITE INFORMATION

Name / Type of Event: _____

Venue / Event Address: _____

# of Deputies Requested: _____ Alcohol Served: ☐ Yes ☐ No Expected Crowd Size: _____

Type of service: ☐ Sheriff's Office Presence ☐ Crowd Control ☐ Traffic Control ☐ Escort ☐ Event Security

Start Date: _____ Start Time: _____ End Date: _____ End Time: _____

Is this an ongoing request? ☐ Yes ☐ No Estimated Duration: _____

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY:

of Deputies Required: _____ Supervisor Required: _____

Projected Total Cost: _____ Approved / Denied: _____