

Hawaii County Police Department

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NEW REQUEST FOR OFF DUTY/SPECIAL DUTY OFFICER(S)

FAILURE TO COMPLETE ALL APPLICABLE INFORMATION ON THIS FORM MAY RESULT IN PROCESSING DELAYS

PLEASE PRINT LEGIBLY

Company or Individual's Name: _____

Company's/Individual's Physical Address: _____

Mailing Address (if different from physical): _____

Event Date: _____ Event Time: _____ Total Number of Hours: _____

Total Number of Officer(s): _____

Job Location/Address: _____

On-Site Contact Person: _____ Phone Number: _____

Nature of Event:	<input type="checkbox"/> Construction	<input type="checkbox"/> Sports Event	<input type="checkbox"/> Concerts	<input type="checkbox"/> Community Gathering
	<input type="checkbox"/> Parade	<input type="checkbox"/> Escort	<input type="checkbox"/> Funeral	<input type="checkbox"/> Other:

Describe in brief detail nature of event: _____

Officers Job (Check all that apply):

- Traffic Control
- Security/Crowd Control
- Escort

Method of Payment:

- On Site
- Invoice

Liquor Establishment Yes No Will Liquor/Alcohol be sold/served? Yes No

Escort:

Beginning Location: _____

Ending Location: _____

Additional instructions for the Officer(s): _____

Requestor's Name: _____ Contact Number: _____

Office Use Only: Approved Denied Reason: _____

Assigned Officers:

_____	_____
_____	_____
_____	_____
_____	_____

Date received request: _____