## Wolfeboro Police Department Application for Private Detail

Name of Business:				
Billing Address:				
Contact Person:				
Type of Function:				<del></del> -
Location:			Wolfeboro, N	NH 03894
Date (s):	From: From:	To: To:	Time: Time:	
			Security	
Number of Officers F	Requested:	Police Cruiser Request	ed for detail: Yes N	[o
Department. I understand that I am req detail is cancelled. FAIL SERVICE CONTRACT	uired to notify the Wo URE TO DO SO WI ED. I understand that tterest of the Town of	olfeboro Police Department a  ILL RESULT IN YOUR O  at officers of the Wolfeboro I  Wolfeboro and the Wolfeboro	ill receive billing through the at least two hours before the st <b>RGANIZATION BEING B</b> Police Department will perform Police Department, enforcing Police Department, enforcing the state of	tart of the detail if the ILLED FOR THE m their duties
Authorized Agent				
Date:/				
Chief Christopher War The following officer(s contract person/Busine	) is/are assigned to	Captain or Sergesthis detail and have been a	ant advised of the services expe	ected from the
Amount Billed \$	 Date	/ / Payment	Received / /_	