

Telephone Contact For Person Making Request

## **NEWBERRY COUNTY SHERIFF'S OFFICE**

## **SPECIAL DUTY REQUEST FORM**

8, c.			
I would like to request  Number of Officers		h the Newberry County	Sheriff's Office to
perform law enforcement services at			
		Location of Assignment	
on	from	until	
Date	Begin Ti	me	End Time
I understand when performing Special Duty Assignments, deputies are subject to all policies and procedures of the Newberry County Sheriff's Office, and will act only under the Sheriff's authority to enforce all applicable State and local laws.			
I understand that deputies are subject to calls in the immediate area of the Special Duty location, and will respond to any situation deemed necessary by the Sheriff's Office, deputies, or dispatch.			
I understand this request for services is with Special Duty Assignments. Payment for service The Sheriff's Office will coordinate payment for special and no cash payments are allowed. Change 30 days upon receipt of invoice.	ces is <b>Fifty and 00/100 (\$</b> or service to the deputies	50.00) dollars per hour for . There is a three (3) hour	each assigned deputy.  minimum on working
By signing below and upon final approval representatives, affiliated companies, agents, agree that any dispute, claim, controversy or payment or failure thereof for service rendered in the State courts located in the County of I intended by mandatory and not permissive in nor arising out of this Agreement in any jurisdic may have to assert the doctrine of forum non venue with respect to any proceeding brought courts located in the County of Newberry shall of litigating any dispute, claim, controversy, or page 1.	officers, directors, sharehold proceeding arising out of by the Newberry County Newberry, State of South nature, thereby precluding etion other than that in this conveniens or similar document in accordance with this part of the state of t	olders and partners (hereinaft of our relating to this Agree Sheriff's Office shall be tried Carolina. The aforemention the possibility of litigation the s paragraph. Each party heretrine or to object to venue waragraph, and stipulates that ction and venue over each of	fter "party" or "parties"), ment, and/or including and litaged exclusively ned choice of venue is a parties with respect to be reby waives any right it with respect to object to the State and Federal
This form must be signed and completed, and returned to the Special Duty Coordinator who will forward to the Sheriff for final approval.			
		CHEDIES OF S	CE LICE ONLY
		SHERIFF'S OFFIC	LE USE ONLY
Signature of Person Making Request		Date of Re	quest
Name of Person/Business Responsible for Payn	nent	Sheriff's Sig	nature
Billing Address		Deputy Ass	signed
City, State and Zip		Deputy Ass	singed

Total Hours Worked