



Office: (816) 388-5200 Fax: (816) 388-9334
2501 West Mechanic, Suite 100, Harrisonville, MO 64701
www.cassmosheriff.org

REQUEST FOR EXTRA-DUTY DEPUTY
PLEASE PRINT AND MAIL, FAX, OR DELIVER IN PERSON

Company or individual's name:

Address:

City: State: Zip:

Phone number: FAX number:

Location (if different):

City:

Location contact(s):

Cell phone number(s):

Will liquor be sold/served at this location: Yes No

Estimated number of attendees and/or participants:

Number of deputies requested:

Date requested: Time requested, from: until:

On-going request (describe):

Total requested service (2-hour minimum): hours X \$45.00/hour = \$

I understand and agree to pay the Extra-Duty services fee directly to the Cass County Sheriff's Office, plus, any other fees (equipment, etc.) associated with my request. I understand that deputies participate in the Extra-Duty Program on a voluntary basis and that there is no guarantee that my request will be filled. It is my responsibility to follow up with the Patrol Division during normal business hours to determine if my request is filled. I understand that there is a 2-hour minimum for Extra-Duty assignments and if I do not notify the Patrol Division of the cancellation of my request 24 hours prior to the start of the assignment, I will be assessed the minimum for each deputy I requested. Your Extra-Duty request(s) should be received by the Cass County Sheriff's Office at least five working days prior to the event.

Requestor's Signature

Print Name

Date