



# DEPARTMENT OF POLICE EGG HARBOR TOWNSHIP

3515 BARGAINTOWN ROAD  
EGG HARBOR TOWNSHIP, NJ 08234-8321  
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WWW.EHTPD.COM



**Raymond Davis**  
Chief of Police

**(609) 926-4036**  
Fax: 926-2660

## Extra Duty Detail Application Form

**Fax to: 609-926-4102 or Email to: Astafford@ehtpd.com**

### Billing Information

Company Name \_\_\_\_\_

Project/Work Order #: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Billing Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Job Information

**Job Site Contact Name & Phone:** \_\_\_\_\_

**Emergency Contact Name & Phone:** (available 24/7): \_\_\_\_\_

**Date & Day of week:** Start \_\_\_\_\_ Finish \_\_\_\_\_

**Location of work:** \_\_\_\_\_

\_\_\_\_\_

Description of work being done: \_\_\_\_\_

**# of Officers:** \_\_\_\_\_ Circle one: Alternating traffic Lane Shift Shoulder Work

**Start Time:** \_\_\_\_\_ AM/PM **Finish Time:** \_\_\_\_\_ AM/PM

### Escrow Needed

# of officers needed \_\_\_\_\_ x hours needed \_\_\_\_\_ x \$90.00 per/hr

= Estimated cost of job: \_\_\_\_\_

At least 50% of escrow needed: \_\_\_\_\_

**\*\*\*For Department Use Only\*\*\***

Date escrow received \_\_\_\_\_ Check number \_\_\_\_\_ Amount \_\_\_\_\_