



Camden Police Department

31 Washington St.
Camden, Maine 04843

911 Emergency

207-236-3030 – Business 207-236-7962 – Fax

Randy Gagne
Chief of Police

Rev. 2/2025

PRIVATE DUTY REQUEST FORM

Date of Event _____ Start Time _____ Stop Time _____

**If this event is a wedding at Camden Amphitheatre, please also indicate the time you would like Atlantic Avenue closed.
The road may only be closed for the duration of the ceremony (maximum of one hour).

Type of Event _____ Location _____

Name of Responsible Group or Person _____ Driver's License State/Number _____

Billing Address _____ City/State _____ Zip _____

Home Phone _____ Cell Phone _____

The following fees will be charged for all private duty details performed by officers of the Camden Police Department:

1. \$320 for a Private Duty Detail up to four hours.
2. \$80 per hour is charged after the first four hours.
3. **PLUS** +25% of total to cover administrative costs and benefits.

Example: \$320 (private duty detail fee) + \$80 (25% administrative fee) = \$400 (for a detail up to four hours)

NOTE: \$400 deposit required at the time of detail request. Additional hourly/administrative charges will be billed separately. Check or Money Order made payable to the Town of Camden - cash not accepted. Private duty detail requests will not be accepted sooner than six months prior to the date of the event and must be requested no later than 30 days before event date.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE FEES ASSOCIATED WITH MY REQUEST AND AGREE TO ACCEPT FULL RESPONSIBILITY FOR THE SAME. CANCELLATIONS OR CHANGES IN LOCATION MUST BE MADE NOT LESS THAN THREE (3) HOURS PRIOR TO THE EVENT OR I WILL BE RESPONSIBLE FOR THE FOUR-HOUR MINIMUM PAYMENT.

Signature _____ Printed Name _____

Date _____

Police Department Use Only Below This Line

OFFICER ASSIGNED: _____

HOURS WORKED: _____

OFFICER'S SIGNATURE: _____ EVENT DATE: _____

Finance Office Use:

Administrative Fee: \$ 80.00

First 4 Hours Duty: \$320.00

TOTAL DEPOSIT \$400.00

Date Paid: _____

Add'l Charges after Four Hours/25% Administration. Fee: _____

TOTAL CHARGES: _____

Total Hours Paid to Officer/Date: _____

AMOUNT PAID: _____

BALANCE TO BE BILLED: _____

DATE BILLED: _____