



# Martin County Sheriff's Office

Off-Duty Employment Request  
 Letter of No-Objection

Job # \_\_\_\_\_

## Business/Management Contact Information

(Note: Failure to fully complete all applicable information may result in processing delays)

Business / Name: \_\_\_\_\_

Street: \_\_\_\_\_

Suite#: \_\_\_\_\_ Bldg#: \_\_\_\_\_ Rm/Hall: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Detail Contact/  
Billing Contact  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Other#: \_\_\_\_\_

Fax#: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Business Accounts  
Payable Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_ Ext: \_\_\_\_\_  
(Last, First)

## Requested Schedule

Is this an ongoing detail over 31 days? Yes  No  Please provide a listing of your requested shifts. (A detailed schedule may be attached. If the shifts are yet to be determined, please write the start date, end date, and contact the detail coordinator.)

Start Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Date: \_\_\_\_\_ End Time: \_\_\_\_\_

Start Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Date: \_\_\_\_\_ End Time: \_\_\_\_\_

Start Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Date: \_\_\_\_\_ End Time: \_\_\_\_\_

Start Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Date: \_\_\_\_\_ End Time: \_\_\_\_\_

Start Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Date: \_\_\_\_\_ End Time: \_\_\_\_\_

Start Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Date: \_\_\_\_\_ End Time: \_\_\_\_\_

## Job Site Location Information

Location Name: \_\_\_\_\_

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

Suite#: \_\_\_\_\_ Bldg#: \_\_\_\_\_ Rm/Hall: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this job located within a city jurisdiction? Yes  No  Gate access community: Yes  No  Code: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

At Vendor Request:      Marked       Unmarked Vehicle       No Preference

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Job # \_\_\_\_\_

## Job Information Section

Type of Event – Please describe the nature of your event (i.e. carnival, concert, traffic control, business opening, etc.), and attach copy of advertisement or brochure, if any.

Permits Attached:  Yes  No If not why: \_\_\_\_\_

Are there any other police agencies working this detail? Yes  No  If yes, who? \_\_\_\_\_

Anticipated crowd size: \_\_\_\_\_ or tickets sold: \_\_\_\_\_

Number of deputies requested: \_\_\_\_\_ Number of Supervisors (5 deputies require a supervisor): \_\_\_\_\_

Will alcohol be sold? Yes  No  Will alcohol be served? Yes  No  Will alcohol be allowed on the property? Yes  No

Describe job duties of deputies (i.e. traffic control, crowd control, security, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
(Last, First, Middle)

Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Other#: \_\_\_\_\_

## Additional Information

## Submitted By

I swear and affirm that the following information is a complete and accurate reflection of the event for which I am requesting assistance from the Martin County Sheriff's Office. I understand that my failure to provide an accurate and complete description is grounds for immediate termination of this detail. By submitting this form, I agree to the three hour minimum, and agree to pay a three hour minimum if the detail is cancelled within 24 hours prior to the start of the detail.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

## For Office Use Only

Approved  Disapproved By: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*This section below must be completed if a detail is approved and later revoked for any reason\*\***

Cancelled : Date \_\_\_\_\_ By \_\_\_\_\_

Reason: \_\_\_\_\_  
\_\_\_\_\_