



HILLSBOROUGH COUNTY SHERIFF'S OFFICE (HCSO) REQUEST FOR ESCORT DEPUTIES



BUSINESS/AGENCY NAME: _____

NAME OF CONTACT: _____ **PHONE:** _____

E-MAIL: _____ **FAX:** _____

FUNERAL PROCESSION*: (2 deputy minimum per 10 cars; 1 additional deputy per additional 10 cars)

OVERSIZED LOAD TRANSPORT: (2 HCSO vehicles required)

NUMBER OF DEPUTIES REQUESTED: _____ **DATE OF ESCORT:** _____ **TIME:** _____

BEGINNING ADDRESS: _____
Street City State Zip

ENDING ADDRESS: _____
Street City State Zip

BILLING ADDRESS: _____
Street City State Zip

Deputy Payment: Paid Upon Completion Paid Within 2 weeks of completion

Deputy Wages: \$30.00 Regular Rate / \$36.00 Federal Holiday Rate per deputy per hour (3 hour minimum)
PAYABLE TO THE DEPUTY. Wages payable to the deputy will not be invoiced by HCSO.
Customers are responsible for recording hours worked by the deputy, providing timely payment, and issuing IRS forms at year-end.

HCSO Fees: Fees are billed by HCSO and are due upon receipt of statement. Checks are made payable to Hillsborough County Sheriff's Office.
Administrative Fee - \$4.00 per deputy per hour.
Mileage - \$0.25 per mile per vehicle.

Cancellations: Cancellations must be in writing and received no later than two (2) hours in advance of starting time. **If you fail to cancel your job timely, you will be required to pay \$90.00 to each deputy and a \$12.00 administrative fee payable to Hillsborough County Sheriff's Office.**

Contact Info: Business Hours (M-F 8am-5pm): 247-8280 After Hours / Holidays: 247-8105
Fax Number: 242-1859 After Hours / Holidays Fax: 242-1812
E-mail Address: OffDutyAccts@hcs0.tampa.fl.us

Requests: Requests for off-duty deputies must be made in writing, via e-mail or fax. An Indemnification Agreement and W-9 must be on file with HCSO as a pre-requisite for approval. HCSO reserves the right to refuse to provide off-duty deputies for any request that violates Florida State Law, HCSO policy, or creates a conflict of interest with HCSO.

Signature: I have read, understand, and agree to the requirements outlined above. I also understand this request may not be filled due to the voluntary nature of the off-duty program.

Signed: _____ Date: _____

* Per Florida State Statute 316.1974(b), "Funeral Procession" means two or more vehicles accompanying the body of a deceased person, or traveling to the church, chapel, or other location at which time the funeral service is to be held, in the daylight hours, including a funeral lead vehicle or a funeral escort vehicle.

HCSO Use Only: New Customer (Y/N) _____ Entered _____ Date _____ Verified _____ Date _____