



**HILLSBOROUGH COUNTY SHERIFF'S OFFICE (HCSO)  
REQUEST FOR OFF DUTY DEPUTIES**



**BUSINESS/AGENCY NAME:** \_\_\_\_\_

**NAME OF CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**Date(s) Needed:** \_\_\_\_\_ **Start Time:** \_\_\_\_\_ **End Time** \_\_\_\_\_

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**Number of Deputies Requested:** \_\_\_\_\_ **Marked Car Needed:** Yes No

**Maximum Number of People Expected to Attend:** \_\_\_\_\_ **Will Alcohol Be Consumed:** Yes No

**Address of Event:** \_\_\_\_\_  
Street City State Zip

**Billing Address:** \_\_\_\_\_  
Street City State Zip

**Nature of Duties:**

**Deputies Report To:** \_\_\_\_\_

**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 below and / or applicable specialty 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 when a HCSO vehicle is used during the job.  
Engine Hours - \$1.00 per hour when HCSO vehicle overhead lights are flashing at jobsite (traffic control, road projects, etc.).

**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 fax or e-mail. 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:** \_\_\_\_\_

**HCSO Use Only:** New Customer (Y/N) \_\_\_\_\_ Entered \_\_\_\_\_ Date \_\_\_\_\_ Verified \_\_\_\_\_ Date \_\_\_\_\_