



MONTEREY COUNTY, CALIFORNIA
SHERIFF'S OFFICE
Proudly protecting the community since 1850.

1414 Natividad Road, Salinas CA 93906 ■ (831) 755-3700 ■ www.montereysheriff.org

**SUPPLEMENTAL LAW
ENFORCEMENT SERVICE
APPLICATION**

INSTRUCTIONS

This application must be completed and filed with the Sheriff's Office at least five (5) days prior to the need for supplemental law enforcement. For events with over 1000 total attendance, the application must be submitted to the Sheriff's Office at least 45 days prior to the event. The Sheriff will notify the applicant of the number of deputies to be assigned and of the required fee. The applicant shall pay the required fee to the Sheriff's Office at least twenty-four (24) hours prior to the time the supplemental law enforcement is to be provided. (*Monterey County Ordinance 2.76*)

APPLICANT AND EVENT INFORMATION

NAME OF EVENT OR APPLICANT		NAME OF CONTACT PERSON, IF DIFFERENT	
APPLICANT PHONE NUMBER	APPLICANT FAX NUMBER		APPLICANT E-MAIL ADDRESS
EVENT LOCATION ADDRESS			CITY
TYPE OF EVENT (<i>e.g. Festival, Dance, Race</i>)		EVENT DATE(S):	TIME(S):
WILL FOOD/BEVERAGE BE SERVED? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL ALCOHOL BE SERVED? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL THERE BE LIVE MUSIC? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF BAND
# OF PEOPLE ATTENDING EVENT	TIMES DEPUTIES ARE REQUESTED	# OF DEPUTIES REQUESTED	ADDITIONAL REQUEST/REMARKS

BILLING INFORMATION (IF DIFFERENT FROM ABOVE)

NAME	PHONE NUMBER	FAX NUMBER		
ADDRESS		CITY	STATE	ZIP CODE

INDEMNIFICATION AND INSURANCE: Contractor agrees to indemnify, defend and save harmless the County, its officers, agents and employees, from and against any and all claims and losses whatsoever accruing or resulting to any and all persons, firms or corporations furnishing or supplying work, services, materials or supplies in connection with the performance of this contract, and from any and all claims and losses accruing or resulting to any person, firm, or corporation for damage, injury, or death arising out of or connected with the contractor's performance of this agreement.

Applicant Signature

Date

THIS BLOCK FOR OFFICIAL USE ONLY

APPROVING COMMANDER / SERGEANT	NUMBER OF DEPUTIES APPROVED	DATE
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