

Richland County Sheriff's Department
Application for Special Duty

For requests of the Richland County Sheriff's Department Special Duty, please complete this Application AND the Agreement for Special Duty Law Enforcement Services and submit the application and contract along with a W-9 to sdforms@rcsd.net.

Party Requesting Services

Name of Business or Organization _____
Name and Title of Authorized Signatory: (Name of person authorized to sign contract and their official title with the organization) _____
Address _____
City _____ State _____ Zip Code _____
Work Phone _____
Cell Phone _____
Email _____

Management Company/Person Responsible for Payment (complete this section if you rely on a third party to process your accounts payable)

Name/Company Name _____
Management Company Representative _____
Address _____
City _____ State _____ Zip Code _____
Work Phone _____
Cell Phone _____ Fax _____
Email _____

Job Information

Location Name /Physical Address _____
Type of Event/Nature of Business _____
Describe Job Duties Requested of Deputies (i.e., traffic control, security, etc.) _____

Any other agencies/armed security working this detail? Yes _____ No _____
If Yes, Name/Point of Contact _____ Cell number _____
Number of Deputies Requested _____
Anticipated crowd size/Attendees _____

Alcohol sold? Yes _____ No _____

Alcohol served Yes _____ No _____

Point of Contact for Deputy to make contact with upon arrival

Name _____

Phone # _____

Directions for how to locate the Point of Contact _____

Work Request

Is this an ongoing/reoccurring detail? Yes _____ No _____

Dates of service _____

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 _____

*A detailed schedule may be attached

I certify that I am at least 18 years of age and have the authority to request Richland County Sheriff's Department officers for Special Duty as listed above. I acknowledge that the Richland County Sheriff's Department is under no obligation to provide officers for this event. It is understood that the deputy(s) may not be able to appear at the event or may have to leave the event before its conclusion if the deputy(s), in the opinion of the Sheriff's Department, are needed to respond to an event requiring the presence of law enforcement.

Submitted by:

Print Name _____

Signature _____

Date _____

Required Forms:

All must be submitted before your request will be processed:

1. Application for Special Duty Law Enforcement Services (2 pages)
2. Agreement for Special Duty Law Enforcement Services (1 page)
3. W-9 Form

Questions?

If you have questions regarding this form or Richland County Sheriff's Department special duty services, please call the Special Duty Coordinator at 803-518-2689 or email sdforms@rcsd.net.