

**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](mailto: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 \_\_\_\_\_

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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 803-600-3413 or email [sdforms@rcsd.net](mailto:sdforms@rcsd.net).