

**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 [acaldwell@rcsd](mailto:acaldwell@rcsd) or [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 \_\_\_\_\_

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 803-576-3042 or email [acaldwell@rcsd.net](mailto:acaldwell@rcsd.net).

## Agreement for Special Duty Law Enforcement Services

This Agreement is made and entered into this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, by and between the Richland County Sheriff's Department (hereinafter "RCSD") and the Requesting Individual/Business (hereinafter "Requestor").

**Requests.** All businesses, organizations, or individuals requests the services of Special Duty deputies must submit a request to RCSD Special Duty Coordinator. This request should be made at least five (5) working days prior to the date of employment. Manpower cannot be guaranteed for all jobs.

**Compensation.** Services are billed at \$48.00 per deputy per hour. There is a two (2) hour minimum for each shift. All first-time vendors must pay in-full via certified check or money order at least 24 hours prior to the event, lack of compliance will result in the cancellation of services. Payment is due within fifteen (15) days of the date of invoice by check made payable to RCSD (no cash), late payments will be assessed a service charge of ten percent (10%). RCSD reserves the right to immediately suspend service without notice if Requestor is in arrears. If suit or action is instituted by RCSD to collect any sum under this agreement, Requestor agrees to pay to RCSD all costs and expenses incurred by RCSD in the enforcement hereof, including attorney fees.

**Cancellation Policy.** The Requestor must notify the Special Duty Coordinator in writing of any requested modification or cancellation of a special duty detail twenty-four hours prior to the start of the assignment. Failure to provide this notification will require the Requestor to compensate RCSD for all cost accrued in performance of the request for service. Notification of requested modification or cancellation must be in writing and submitted to [acaldwell@rcsd.net](mailto:acaldwell@rcsd.net). Reoccurring contracts must give 30 days' written notice of cancellation of Special Duty contracted service to [acaldwell@rcsd.net](mailto:acaldwell@rcsd.net). The Sheriff has the authority to discontinue Special Duty service for any reason at his discretion. Concerns with a deputy's performance of Special Duty must be submitted in writing by the Requestor to [acaldwell@rcsd.net](mailto:acaldwell@rcsd.net) within 72 hours of the assignment, and must document the specific date, time and issues with job performance. Concerns will be addressed appropriately by the Sheriff.

**Liability.** The Requestor will hold harmless the Richland County Sheriff's Department from any and all claims or liabilities resulting from service, and indemnify RCSD for any loss due to any injury of its employee.

**Acknowledgement of Understanding.** The Requestor understands and agrees that:

- The Richland County Sheriff's Department is the primary employer and the requirements of this agency will take precedence over any other employment.
- Personnel working special duty employment shall be bound by all policies and procedures of RCSD and the laws of the State of South Carolina.
- Deputies will not be permitted to engage in any employment which would be in violation of any county, state or federal law.
- A Requestor has no authority over RCSD personnel and is restricted to providing only a general assignment of duties to be performed by the deputy.
- All deputies of the Richland County Sheriff's Department must be available at all times to respond to any situation deemed necessary by RCSD, deputies or dispatch. In these situations, deputies will leave the special duty location and respond as needed.
- Deputies will not enforce any rules and regulations set up by the employer that is not otherwise violations of the law.

**Authority and Acknowledgement of Reliance.** The Requestor affirmatively asserts the Requestor has full legal capacity and authority to bind and act for and on behalf of themselves and the party identified above with whom RCSD enters into this Agreement. The Requestor fully comprehends and acknowledges that RCSD is acting in reliance on this, as well as other, representations the Requestor has made as recited in, or otherwise contained herein.

**Severance/Survival.** If any provision of this agreement is invalid for any reason such invalidity shall not render invalid other provisions of this agreement that can be given effect without the invalid provision(s). This agreement shall become effective when executed by the Sheriff. This agreement may not be modified or amended by agreement.

\_\_\_\_\_  
Requestor

\_\_\_\_\_  
(Authority, Position, Title)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval by Sheriff Leon Lott

\_\_\_\_\_  
Date