CITY OF PROVIDENCE
POLICE DETAIL AGREEMENT

(1). Terms & Conditions
   (a). Minimum request of four (4) hours per officer.
   (b). All details must be scheduled seventy two (72) hours in advance to ensure sufficient scheduling time.
   (c). Any time worked in any part of one-half (1/2) hour from the start of the detail shall be considered one (1) full half (1/2) hour.
   (e). If an arrest is made during a detail and is related to said detail, time for processing said arrest shall be included in the billing for the detail.
   (f). To avoid billing with respect to disputes, a phone call must be received by the Detail Office, at (401) 243-6405, within one (1) business day of the dispute with a written letter sent within seven (7) business days of the dispute outlining same.

(2). Cancellation:
Cancellation must be received by the Detail Office, (401)243-6405, twelve (12) business hours prior to commencement of requested detail. The detail office is open from 7:00 AM to 3:00 PM, Monday through Friday (excepting holidays). If cancellation is not received, a four (4) hour minimum for each of the requested detail officer shall be billed and owed by the company, agency, or individual, which requested the detail.

(3). Payment:
Payment shall be made to the City Controller's Office, Providence School Department, 797 Westminster St. 2ND Floor, Providence, RI 02903, (401) 456-9100 ext 11534, within thirty (30) days of invoice date. Payment by company checks, money orders and certified bank checks only. Prepayment is required for all new accounts. Personal checks are not acceptable and cash payments are not permitted.
Interest at eighteen (18 %) percent per annum shall accrue after thirty (30) days. The cost of collection, if necessary, together with reasonable attorney's fees, shall be the responsibility of the entity requesting the detail and failing to make payment when due.
(4). Complete Billing Address:
   Company or Agency Name (if applicable): ________________________________

   Owner's Name or individual (if not a company, copy of license): _______________
   Federal Tax ID # _______________________

   Company Address: _______________________________
                    _______________________________
                    _______________________________

   Email Address: _______________________________

   Billing Address (if different from above): _______________________________
                    _______________________________

   Contact Person: _______________________________

   Additional Contact: _______________________________

   Phone Number(s): _______________________________

   Fax Number: _______________________________

I, ________________________________, an authorized representative of
_________________________________________, hereby request police detail(s) as described
herein and agree to the terms hereof on behalf of _________________________________.

__________________________________________  _____________
Sign Name                                  Date

__________________________________________
Print Name

Accepted:

__________________________________________  _____________
Sergeant Michael Martinous. Police Detail Office  Date

Providence Police Department
**EXHIBIT A**

Request for detail services (description):

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Requested Number of officers and hours:

<table>
<thead>
<tr>
<th>DATE</th>
<th>FROM</th>
<th>TO</th>
<th>NO. OF OFFICERS</th>
<th>TOTAL HOURS</th>
</tr>
</thead>
<tbody>
<tr>
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</table>
EXHIBIT B

NEW BILLING RATES FOR POLICE DETAIL INVOICES DATED 7/1/18:

<table>
<thead>
<tr>
<th>Officers</th>
<th>Plain Clothes Detectives</th>
<th>Mounted Horseperson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patrol officer</td>
<td>64.53</td>
<td>Patrol Officer 72.03</td>
</tr>
<tr>
<td>Sergeant</td>
<td>73.73</td>
<td>Sergeant 82.34</td>
</tr>
<tr>
<td>Lieutenant</td>
<td>80.31</td>
<td>Lieutenant 89.70</td>
</tr>
<tr>
<td>Captain</td>
<td>86.30</td>
<td>Captain 96.41</td>
</tr>
</tbody>
</table>

If a police car is also needed then an additional $15.00 per hour per vehicle is added to the bill.
If a police boat is also needed then an additional $75.00 per hour for boats 27 feet long and $45.00 per hour for boats 15 feet long and 19 feet long.
These rates may change without notice, at the time of your request please verify billing rates.

CREDIT CARD BILLING RATES

<table>
<thead>
<tr>
<th>Officers</th>
<th>Plain Clothes Detectives</th>
<th>Mounted Horseperson</th>
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</thead>
<tbody>
<tr>
<td>Patrol officer</td>
<td>64.83</td>
<td>Patrol Officer 72.33</td>
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<tr>
<td>Sergeant</td>
<td>74.03</td>
<td>Sergeant 82.64</td>
</tr>
<tr>
<td>Lieutenant</td>
<td>80.61</td>
<td>Lieutenant 90.00</td>
</tr>
<tr>
<td>Captain</td>
<td>86.60</td>
<td>Captain 96.71</td>
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</table>

DOUBLE TIME BILLING RATES

<table>
<thead>
<tr>
<th>Officers</th>
<th>Plain Clothes Detectives</th>
<th>Mounted Horseperson</th>
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</thead>
<tbody>
<tr>
<td>Patrol officer</td>
<td>129.06</td>
<td>Patrol Officer 144.06</td>
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<tr>
<td>Sergeant</td>
<td>147.46</td>
<td>Sergeant 164.68</td>
</tr>
<tr>
<td>Lieutenant</td>
<td>160.62</td>
<td>Lieutenant 179.40</td>
</tr>
<tr>
<td>Captain</td>
<td>172.60</td>
<td>Captain 192.82</td>
</tr>
</tbody>
</table>

DOUBLE TIME DAYS

Thanksgiving Eve    New Year’s Eve
Thanksgiving Day    New Year’s Day
Christmas Eve       Holy Saturday
Christmas Day       Easter Sunday

Please initial this exhibit & return pages 2-4 to accept rates and terms as stated above:

Revised 7/1/18