



Lee County
Southwest Florida

Event Application

Special Event

Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

Lee County Event Permit Application



Event Application

Check the appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT
☒ USE OF COUNTY PROPERTY PERMIT
☐ PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
☐ FILM PERMIT

Section I - GENERAL INFORMATION (All Permit Types)

Title of Event / Name of Production	Fast and The Furriest 5K and 1 Mile Walk
Date(s) of Event / Production:	April 18, 2015
Location(s) of Event:	Hammond Stadium 14100 6 Mile Cypress Pkwy, Fort Myers, FL 33912
Name of Applicant:	Jennifer Levin, Gulf Coast Humane Society
Applicant Address:	2010 Arcadia Street, Fort Myers, FL 33919
Applicant Phone Number:	239-332-0364 ex 309
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	events@gulfcoasthumanesociety.org
Estimated Attendance:	350
Event Description: Include each activity, when activities take place, etc.	5K Run and 1 Mile Fun Walk
Hours of Operation:	6:30am-11:00am
STRAP # of Parcel:	
Owner of Premises*:	

*Notarized statement from the property owner specifically consenting to the proposed use required.

Lee County Event Permit Application



Fill out the following questions for all permit types:

What is the Zoning Classification of the premises? _____

Are any temporary structures to be installed for the event? ☐ Yes ☒ No Type: _____

Do you have the appropriate permits for the temporary structures? ☐ Yes ☐ No

* For a 'Special Event' and 'Use of County Property' permit, submit a site plan with all proposed facilities and activities identified, including all parking areas.

Insurance Company Insuring the Event: _____

Note: Certificate of Insurance must be submitted at time of application

Surety Company Bonding this Event (Name and Address): _____

Will Vehicles be Used as Part of This Event?

☐ Yes ☒ No

If yes, automobile coverage must be included on the certificate of insurance.

Will Food be Available at this Event?

☐ Yes ☐ No

If yes, products liability coverage must be included on the certificate of insurance.

Will Alcoholic Beverages be served/consumed at this Event?

☐ Yes ☒ No

If yes, liquor liability coverage must be included on the certificate of insurance.

Name & Address of Organization
Providing Food: _____

Type of Food being Served: _____

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: Gulf Coast Humane Society, Inc.

Fill out this portion for applications for Solicitation in the County Rights-of-Way:

Name of Charity: Gulf Coast Humane Society

Address of Charity: 2010 Arcadia Street Fort Myers, FL 33916

Phone Number: 239-332-0364

Non-profit certificate/registration number: 59-0806978

(Proof of registration with the Dept. of Agriculture & Consumer Services \$496.405 or proof the organization is exempt from this requirement. \$316.2045)

Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT

Is alcohol being sold/consumed on County Property?

☐ Yes ☒ No

If Yes, then a "Lee County Alcohol Permit" is required. Only non-profit organizations can sell alcohol on County Property.

Non-profit certificate/registration number: _____

(Required if alcohol is to be **SOLD** at the event)

Please note: A permit from the State of Florida Division of Alcoholic Beverages and Tobacco may also be required; please call (239) 344-0885 for further details



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

Type of Production (choose all that apply):

<input type="checkbox"/> TV Movie or Special	<input type="checkbox"/> TV Series / Pilot	<input type="checkbox"/> TV Commercial	<input type="checkbox"/> Still Photos
<input type="checkbox"/> Public Service Announcement	<input type="checkbox"/> Industrial / Documentary	<input type="checkbox"/> Other: _____	

Will any of the following be needed or included*?

Street Closure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Traffic / Crowd Control	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire or Burning	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explosives or Pyrotechnics	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Animals, Large or Small	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Construction of Any Kind	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Large and/or Numerous Vehicles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Helicopters, Boats, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stunts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

* For any marked Yes, provide further details below:

Special Parking Requirements:

City or County Services Required: (Personnel, equipment, facilities, etc.)

The following information is required for local and state records on production in Florida to track the economic impact of the industry. If exact figures are not available, please estimate as closely as possible.

Number in Cast: _____	Number in Crew: _____	Number of locals hired: _____
Total budget: _____	Estimate amount spent in Lee County: _____	
Hotel room nights: _____ number of rooms x number of nights	Number of shooting days: _____	



SECTION I - SAFETY

The Applicant agrees to provide adequate traffic and crowd control, emergency medical services and any other items, at the Applicant's expense, required by Lee County to protect the health, safety and welfare of the public. Lee County shall have the power to review the proposal and require, as necessary, detailed plans, diagrams, and explanations to clearly outline to Lee County, exactly what the Applicant is proposing.

SECTION II - INSURANCE

The Applicant, at its sole expense, agrees to procure and maintain in force during the entire term of the application, liability insurance in the amounts determined by Lee County Risk Management to protect against damages or other claims arising from use of County property by the applicant or its guests. Other limits may also be established by Lee County Risk Management for events which will be serving or consuming alcoholic beverages at approved County property. The insurance policy must also include coverage for Applicant's contingent liability on damages, claims or losses. "Lee County Board of County Commissioners" must be named as "additional insured" on the Certificate of Insurance, and the Certificate must be delivered to Lee County prior to Applicant's use of the property. The Insurance may not be canceled during the term of the event, if this occurs, the County has the right to revoke approvals related to use of the County property for the event, without recourse by the applicant.

SECTION III - INDEMNIFICATION

The Applicant agrees to indemnify, release and save harmless Lee County against any and all claims, costs, demands, damages, judgments or injuries of any nature arising from the conduct or management of, or from any work or thing whatsoever done in or about said Lee County property or any building or structure appurtenant thereto or equipment thereof during the term of this Permit, or arising during such term from any act of negligence of the Applicant, Applicant's agents, contractors, or employees, or arising from any accident, injury, or damage whatsoever, however caused, to any person or persons, or to any property of any person, persons, corporation or corporations, occurring during the term of this agreement on, in, or about said Lee County property, and from and against all costs, attorney's fees, expenses and liabilities occurring in connection with any such claim or any action or proceeding brought thereon.

For film permit applicants: The permittee shall have on-site a responsible representative empowered with authority over the filming director, filming crews, participants and filming operation. Permittee shall indemnify, defend and hold harmless the county, its officers, agents and employees from and against all claims, suits, actions, damages, liabilities, expenditures or causes of action of any kind arising out of or occurring during the activities of the permittee, and resulting or occurring from any negligent act, omission or error of permittee, resulting in or relating to injuries to body, life, limb or property sustained in, about or upon the permitted premises or improvement thereto, or arising from the use of the premises.

SECTION IV - DELIVERY, ACCEPTANCE AND SURRENDER OF PREMISES

The Applicant agrees to accept the County property on possession as being in a satisfactory state of repair and in sanitary condition.

The Applicant must surrender the premises to Lee County in the same condition as when Applicant takes possession, allowing for reasonable use and wear, and damage by acts of God. Applicant agrees to remove all business signs or symbols placed on the premises by the Applicant before redelivery of the premises to Lee County, and restore the premises to the condition in which it existed before their placement. Any signs and markings created or used in connection with this event must be temporary and removable; painting roadways, trees or any other fixed object is strictly prohibited. Applicant agrees to clear the Lee County property of litter at the close of the event.



SECTION V - AGREEMENT

The Applicant agrees that Lee County can, at its sole discretion, terminate and cancel its permit to use Lee County property at any time without prejudice. Applicant further agrees to waive, release, save and hold harmless Lee County from any and all claims, demands or cause of actions based upon Lee County's cancellation or termination of said permit.

The Applicant agrees that the Lee County permit does not provide Applicant with any property rights in the County property in question or in the permit itself.

The applicant does acknowledge and hereby affirms that any and all information is accurate to the best of his/her knowledge.




Signature of Applicant




Print Name of Applicant and Title



Date



Witness



Print Name of Witness



Date

Lee County Event Permit Application



LEE COUNTY SHERIFF'S DEPARTMENT
14750 SIX MILE CYPRESS PARKWAY
FORT MYERS, FLORIDA 33912
(239) 477-1199

Check the appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT
☒ USE OF COUNTY PROPERTY PERMIT
☐ PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
☐ FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Parking:

In authorized parking areas only.

Deputies (How Many?):

Three (3) deputies. One at each end of Plantation and one at International.

Fee for Services:

Special Arrangements:

None.

Print Name: Capt. Scott Lucia

Signature: *Capt. Scott H. Lucia*

Title: Detail Unit Commander

Date: 1 April 2015

Lee County Event Permit Application



LEE COUNTY SHERIFF'S DEPARTMENT
14750 SIX MILE CYPRESS PARKWAY
FORT MYERS, FLORIDA 33912
(239) 477-1199

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Parking:

In authorized parking areas only.

Deputies (How Many?):

Three (3) deputies. One at each end of Plantation and one at International.

Fee for Services:

Special Arrangements:

None.

Print Name: Capt. Scott Lucia

Signature: *Capt. Scott H. Lucia*

Title: Detail Unit Commander

Date: 17 March 2015

Lee County Event Permit Application



FIRE DEPARTMENT

*The Fire Department serving the area where the event is to be held signs this form.
Please see User's Guide for contact information and Fire District Map.*

Check the appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT
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Fire Guards (How Many?)	N/A
Fee for Services:	55.00 inspection fee per tent over 900 sq feet.
Flammable Vegetation:	Cleared from around any tents
First Aid Equipment:	call 911 if needed
Fire Extinguishing:	2a 10bc extinguisher at each tent, all cooking tents must be NFPA 96 compliant, All Propane must be 10 feet away from tent and secured as to not tip over.
Special Arrangements:	None

Print Name: James Tanner

Signature: James Tanner

Digitally signed by James Tanner
DN: cn=James Tanner, o=South Trail Fire District, ou=Fire Marshal,
email=jtanner@southtrailfire.org, c=US
Date: 2015.03.30 13:58:25 -0400

Title: Fire Marshal

Date: 3/30/2015

Lee County Event Permit Application



EMERGENCY MEDICAL SERVICES / PUBLIC SAFETY
14752 SIX MILE CYPRESS PARKWAY
FORT MYERS, FL 33912
(239) 533-3911

Check the appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT
☒ USE OF COUNTY PROPERTY PERMIT
☐ FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Treatment Facilities:	N/A
Medical Personnel:	N/A
Medical Supplies / Equipment:	N/A
Safety Requirements:	N/A
Fee for Services	Patient billed at time of service
Special Arrangements:	Call 9-1-1 as need for emergencies.

Print Name: Scott M tuttle

Signature: Scott M Tuttle

Digitally signed by Scott M Tuttle
DN: cn=Scott M Tuttle, ou=EMS, ou=Department of Public Safety,
email=tutlesm@leegov.com, c=US
Date: 2015.03.24 16:16:39 -0400

Title: Deputy Director

Date: Mar 24, 2015

Lee County Event Permit Application



DEPARTMENT OF TRANSPORTATION
1500 MONROE STREET
FORT MYERS, FL 33901
(239) 533-8580

Check the appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT
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AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Parking:

No event parking on or within ten (10) feet of Lee County road right-of-ways.

Ingress and Egress:

Use all established means of ingress and egress.

Special Arrangements:

Shall use Lee County Sheriff's Office for assistance with traffic control during event duration.*** Event organizer is responsible for all Maintenance of Traffic signs, barricades, & variable message board signs, in substantial accordance with FDOT Index 600 Series, and shall take all steps to protect the public and participants during use of County road right-of-way. Emergency vehicle access shall be maintained to adjacent properties impacted by the temporary lane or road closures, as needed. Advance notice of road closure shall be provided to the media outlets, emergency providers, and motoring public.

Print Name: Bryan Miller

Signature: Bryan D. Miller

Digitally signed by Bryan D. Miller
DN: cn=Bryan D. Miller, o=LCDOT, ou=Traffic, email=millerbm@leegov.com,
c=US
Date: 2015.03.02 14:33:04 -0500

Title: Senior Project Manager

Date: March 24, 2015

Lee County Event Permit Application



LEE COUNTY PARKS AND RECREATION
3410 PALM BEACH BOULEVARD
FORT MYERS, FLORIDA 33916
(239) 533-7275

Check the appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT
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☐ FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Illumination:	If needed the event organizer will be responsible for providing temporary lighting for set up.
Parking Areas:	Work with on - site park staff to ensure event parking stays in designated areas for the event. Event organizer must provide staff and traffic control devises to ensure traffic safety for parking and event management.
Special Arrangements:	Work with on - site park staff for event set up and break down to ensure the facility is clean and free of debris.

Print Name: Alise Flanjack

Signature: Alise Flanjack

Digitally signed by Alise Flanjack
DN: cn=Alise Flanjack, o=Lee County Parks and Recreation, ou,
email=alfl@lecparks.com, c=US
Date: 2015.02.17 17:37:25 -0500

Title: Deputy Director

Date: Mar 24, 2015

Gulf Coast Humane Society Event @ Sports Complex

Lee County Event Permit Application



LEE COUNTY RISK MANAGEMENT
COUNTY ADMINISTRATION BUILDING - 4TH FLOOR
2115 SECOND STREET
FORT MYERS, FLORIDA 33901
(239) 533-2221

Check the appropriate box(es) below:

- ☒ SPECIAL EVENT PERMIT
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☐ FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Insurance Requirements: Commercial general liability insurance with minimum limits of One Million Dollars (\$1,000,000) per occurrence to protect against bodily injury and/or property damage relative to the applicants use of aforementioned event on Lee County property.

Special Arrangements: A certificate of insurance shall be submitted as evidence of the required coverage listing Lee County Board of County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an additional insured.

Print Name: Mike Figueroa

Signature:

Title: Risk Program Manager

Date: March 23, 2015



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/10/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lott & Gaylor Inc 2120 W. First St. Fort Myers FL 33901	CONTACT NAME: Katrina Willard PHONE (A/C. No. Ext): (239) 337-2221 FAX (A/C. No.): (239) 337-4934 E-MAIL: kwillard@lott-gaylor.com ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Western World Ins Co INSURER B: OHIO SECURITY 24082 INSURER C: Ohio Casualty Insurance Company 24074 INSURER D: INSURER E: INSURER F:
-------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

COVERAGES CERTIFICATE NUMBER: CL1521004929 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		NPP8231224	2/15/2015	2/15/2016	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
	MED EXP (Any one person) \$ 5,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
	GENERAL AGGREGATE \$ 2,000,000						
	PRODUCTS - COMP/OP AGG \$ Excluded						
	BV/PD DEDUCTIBLE \$ 250/CLAIM						
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS			BAS53590468	2/15/2015	2/15/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	BODILY INJURY (Per person) \$						
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
	PIP-Basic \$ 10,000						
C	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			EUO52810125	2/15/2015	2/15/2016	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 1,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 0						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	E.L. EACH ACCIDENT \$						
	E.L. DISEASE - EA EMPLOYEE \$						
	E.L. DISEASE - POLICY LIMIT \$						
C	EMPLOYEE DISHONESTY BOND			3984167	2/15/2015	2/15/2016	LIMIT \$ 100,000
A	PROFESSIONAL LIABILITY			NPP8231224	2/15/2015	2/15/2016	AGGREGATE \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate holder is listed as an Additional Insured with respect to General Liability.

CERTIFICATE HOLDER

(239) 485-5460

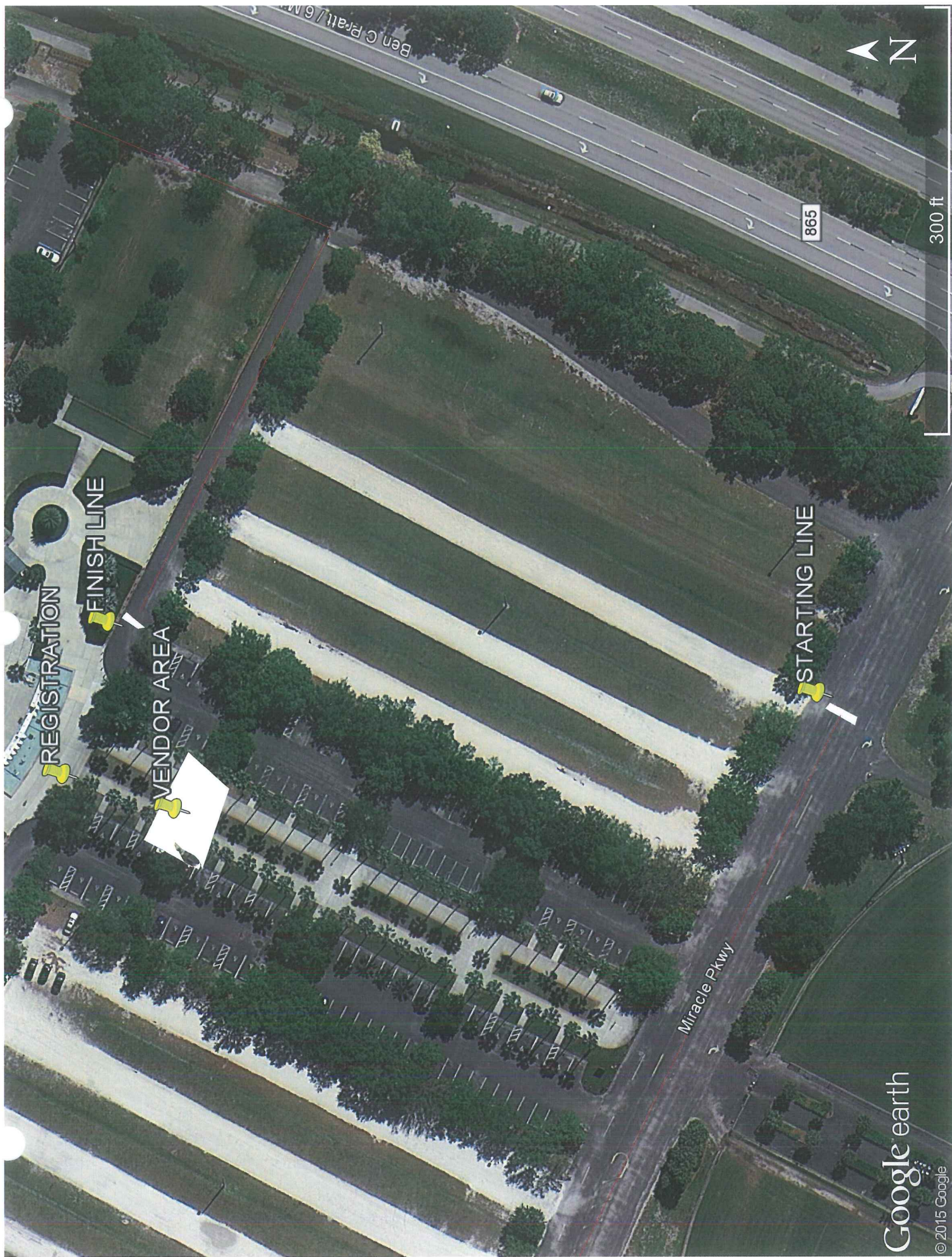
LEE COUNTY BOARD OF COUNTY COMMISSIONERS
P.O. BOX 398
FORT MYERS, FL 33902

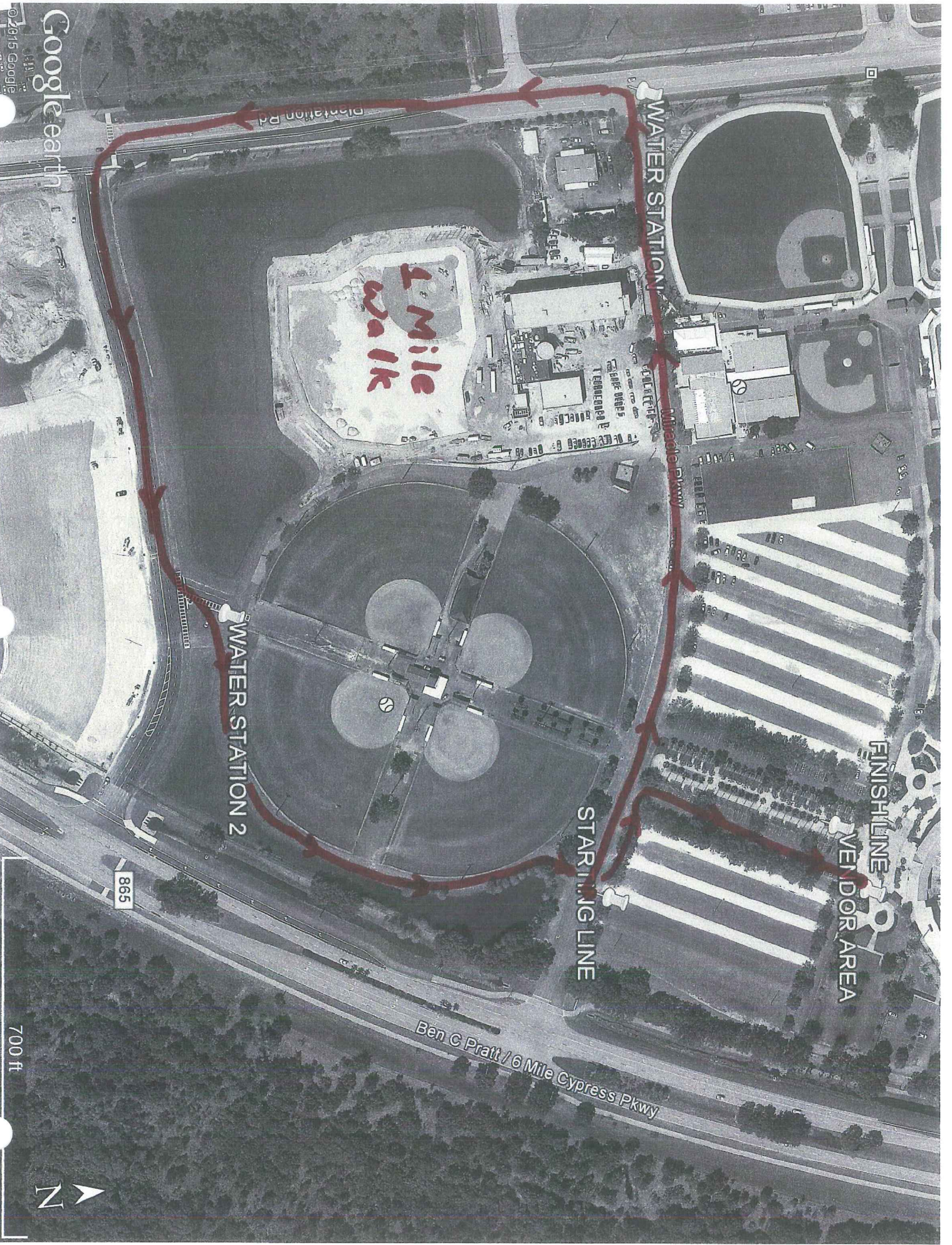
CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Phil Gaylor/KBW





WATER STATION

1 Mile Walk

WATER STATION 2

STARTING LINE

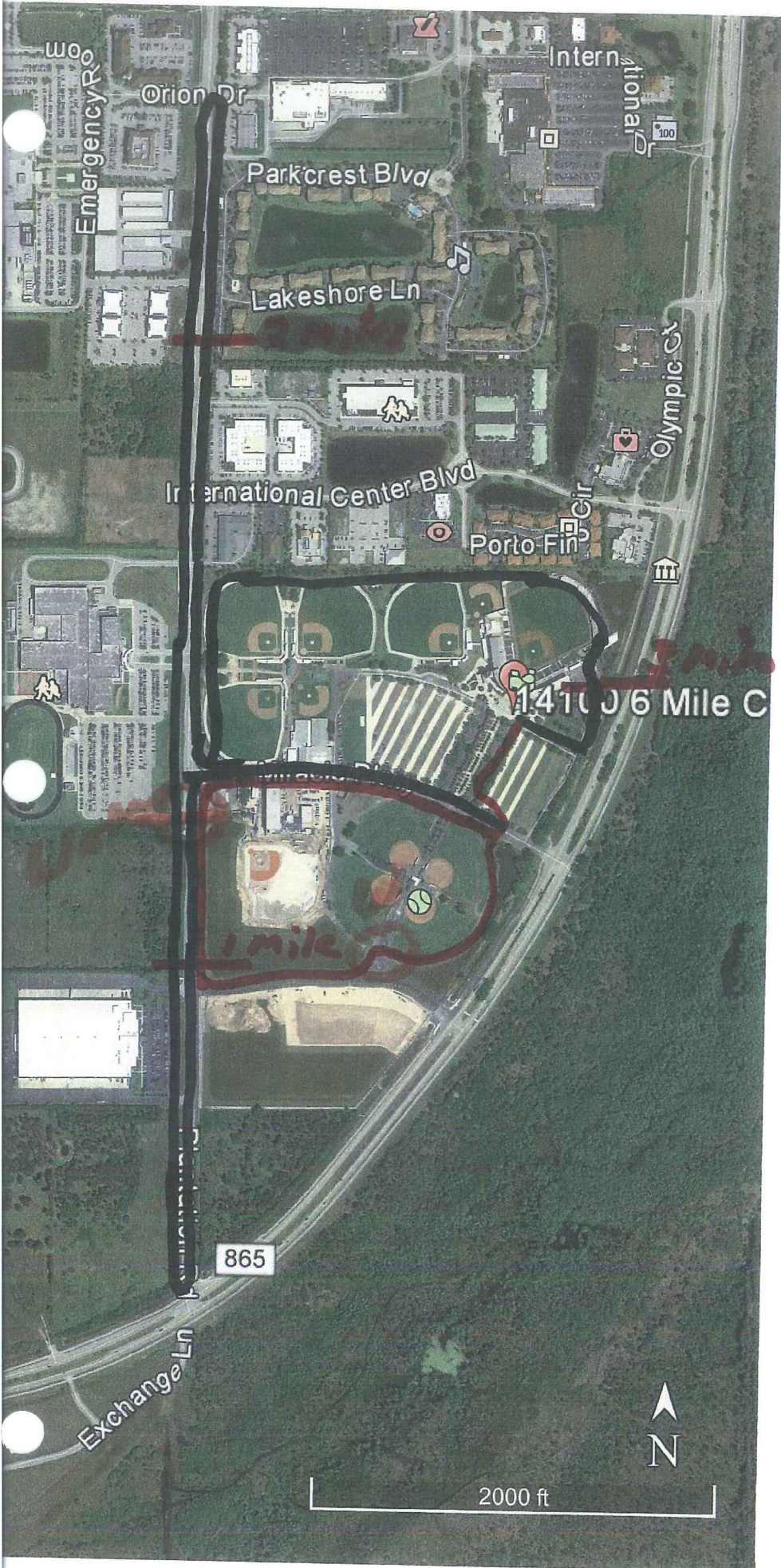
FINISHLINE
VENDOR AREA

Ben C Pratt / 6 Mile Cypress Pkwy

865

700 ft





Emergency Rd

Orion Dr

Parkcrest Blvd

Lakeshore Ln

International Center Blvd

Porto Fino Cir

Olympic St

14100 6 Mile C

865

Exchange Ln

N

2000 ft

Mike Scott
Office of the Sheriff



State of Florida
County of Lee

Dear Off-Duty Employer:

Enclosed with this letter is an Extra Duty Detail Request Form. Please fill the form out completely. All details are a minimum of four (4) hours with the exception of boat details which are a minimum of six (6) hours. When five (5) or more deputies are requested, a supervisor with the rank of Sergeant or above will be assigned at an upgraded hourly charge. Depending on the type of event or crowd size it will be at the discretion of the Sheriff's Office to determine the number of deputies needed.

All details are charged a \$15 **per deputy** marked vehicle rate. Also, all boat details are charged \$10 **per hour** boat rate.

The current detail rates are as follows:

Security:	\$40hr	Funeral Escort:	\$40hr
Security Supervisor:	\$50hr	Boat:	\$40hr
Traffic:	\$50hr	Prisoner Transport:	\$60hr
Traffic Supervisor:	\$60hr	Civil Standby:	\$60hr
Holiday*:	\$60hr	Escort:	\$40hr
Last Minute Detail:	\$60hr		
(3 hrs or less before start time)			

***Holidays Include:** Easter, Memorial Day, Independence Day, Labor Day, Thanksgiving, Christmas Eve, Christmas Day, New Year's Eve and New Year's Day.

When your request is approved it will be given a job number and e-mailed or faxed to you. Payment is due in full one (1) week prior to the scheduled detail in the form of a certified check, money order, and business check or cash to the **Lee County Sheriff's Office 14750 Six Mile Cypress Parkway, Ft. Myers, FL 33912 Attn: Details.**

Extra duty details will not be provided to any person, firm or organization whose members, business or operations are of a questionable nature; or for any event that will discredit the assigned Deputy, Sheriff's Office or County. The Sheriff's Office reserves the right to cancel extra duty detail without notice and to recall the deputy(s) when necessary for community safety.

In order to cancel an off-duty detail, notice must be given to the Detail Coordinator twenty-four (24) hours prior to the start of the detail either by phone or email. If the cancellation is less than twenty-four (24) hours, a four (4) hour charge per deputy will be billed. In the case of weather, notice of cancellation must be received within two (2) hours of the starting time; otherwise a two (2) hour charge per deputy will be billed. In the event of a cancellation after business hours please call 239-477-1000.

If you have any additional questions please contact our office at 239-477-1199.



REVISED

REVISED

Extra Duty Detail Request Form

Business/Company Information	
(Note: Failure to fully complete all applicable information may result in processing delays)	
Business Name: Gulf Coast Humane Society	
Street: 2010 Arcadia Street	
City: Fort Myers	State: FL Zip: 33916
Business Contact: Jennifer Levin	Phone # : 239-332-0364 x309
Email Address: events@gulfcoasthumanesociety.org	
Detail Information	
Location Name: Hammond Stadium	
Address: 14100 Six Mile Cypress Pkwy	
City: Fort Myers	State: FL Zip: 33912
Contact Person: Jennifer Levin	Phone # : 239-332-0364 x309
Date of Event: 4-18-15	Time of Event: 0600-1130
Type of Event: 5k Run and 1 Mile Walk	
Which service(s) is needed:	
<input type="checkbox"/> Security	<input checked="" type="checkbox"/> Traffic Control
<input type="checkbox"/> Holiday	<input type="checkbox"/> Last Minute
<input type="checkbox"/> Other:	
Anticipated Crowd Size: 350	Number of deputies requested: 2 3
Marked Vehicle: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unmarked Vehicle: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Uniformed Deputy(s): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Plain Clothes Deputy(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Any additional security working this detail? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many?	
Permits Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Will alcohol be sold? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Mike Scott
Office of the Sheriff



State of Florida
County of Lee

Describe job duties of deputy/deputies:

2 uniformed deputies with patrol cars for traffic control during 5k run and 1 mile walk. Deputies are expected to be out of their vehicles directing participants and traffic safely across intersections. Deputies will position at each end of Plantation. Permits should be signed by all respective agencies.

REVISED 3-24-15 DUE TO ROUTE CHANGE

Requested by

I swear and affirm that the following information is a complete and accurate reflection of the event for which I am requesting assistance from the Lee County Sheriff's Office. I understand that my failure to provide an accurate and complete description is grounds for immediate termination of this detail. I also understand that details cancelled with **24 hours or less notice** I will be charged the **minimum of 4 hours** per Deputy.

Print Name

Signature

Date

Please e-mail your application to details@sheriffleefl.org or fax to 239-477-1177. Once the application is reviewed you will receive notification of the total cost.

Submit by Email

Detail Coordinator Use Only

Total Deputy(s): ~~2~~ **3** Total Hours: ~~11~~ **16.5**

Rate per hour: \$50.00 Vehicle Rate per Deputy: \$15.00

Total Cost for Detail: ~~\$580.00~~ **\$870**

Payment Information

We accept cash, money order, cashier's check, and business check.

Please mail payment to:

Lee County Sheriff's Office

Attn: Details

14750 Six Mile Cypress Pkwy

Ft Myers, FL 33912

Vendor Signature

Date