

EVENT PERMIT

Ordinance 14-15

PAPPANO / ROBINSON WEDDING

PERMIT NUMBER: TMP2016-00062

Date(s) of Event: April 1, 2016 from 6:00pm-11:00pm and April 2, 2016 from 3:15pm-4:15pm

Property Owner: LEE COUNTY

Applicant: PAM PAPPANO

Contact: PAM PAPPANO

Description: Rehearsal dinner at Crowninshield House on April 1, 2016 from 6:00pm-11:00pm
Pictures on Banyan Street April 2, 2016 from 3:15pm-4:15pm

Location of event: 131 1ST ST W BOCA GRANDE 33921
BOCA GRANDE CROWNINSHIELD HOUSE AND BANYAN
STREET***847-208-4019

Will the event be attended by 1000 or more people ? No

Will the event be held on County Owned Property ? Yes

Will there be alcohol consumed or sold at the event ? Yes

Will a bond be posted for this event ? No

Permit Conditions:

- * Applicant must meet all event application requirements, including requirements of the sign-off agencies.
- * The premises is to be left in the same condition as it was prior to the event.
- * The permit is to be readily available for inspection during the entire event.
- * If this approval includes the sale or consumption of alcoholic beverages, no alcoholic beverages may be consumed 1 1/2 hours prior to the conclusion of the event and vacating the facility/property.

Board of County Commissioners
Lee County, Florida

 2-28-16

County Manager Date



Lee County
Southwest Florida

Event Application

Special Event

Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

TMP 2016-00062

Lee County Event Permit Application



Event Application

Check the appropriate box(es) below:

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

Section I - GENERAL INFORMATION (All Permit Types)	
Title of Event / Name of Production	PAPPANO / ROBINSON WEDDING
Date(s) of Event / Production:	APRIL 1st, 2016 & APRIL 2nd, 2016
Location(s) of Event:	CROWNINSHIELD HOUSE - APRIL 1st, 2016 BANYAN STREET, BOCA GRANDE - APRIL 2nd, 2016
Name of Applicant:	PAM PAPPANO
Applicant Address:	4511 SHORE LANE BOCA GRANDE, FL 33921 (P.O. BOX 306)
Applicant Phone Number:	1-847-208-4019
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	PSPAPPANO@GMAIL.COM
Estimated Attendance:	160
Event Description: Include each activity, when activities take place, etc.	REHEARSAL DINNER AT CROWNINSHIELD HOUSE ON APRIL 1st, 2016 FROM 6:00P - 11:00P PICTURES ON BANYAN STREET ON APRIL 2nd, 2016 FROM 3:15 - 4:15
Hours of Operation:	SEE ABOVE
STRAP # of Parcel:	14432001000050010
Owner of Premises*:	Lee County

*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? DOT Right of Way / Public Facility

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: ITALIANO INSURANCE

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: _____

NOT SURE AS OF YET

Type of Food being Served: _____

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: _____

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

Name of Charity: _____

Address of Charity: _____

Phone Number: _____

Non-profit certificate/registration number: _____

(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

Type of Production (choose all that apply):

- Will any of the following be needed or included*?

- * For any marked Yes, provide further details below:

--

Number in Cast: _____ Number in Crew: _____ Number of locals hired: _____

Total budget: _____ Estimate amount spent in Lee County: _____

Hotel room nights: _____ Number of shooting days: _____
number of rooms x number of nights

Applicant Agreement - Signature Required



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.

Pamela S. Pappano
Signature of Applicant

PAMELA S. PAPPANO
Print Name of Applicant and Title

JANUARY 27, 2016
Date

[Signature]
Witness

Joseph R. Walter
Print Name of Witness

1/27/2016
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?):

In accordance with Parks and Recreation rules, two deputies must be assigned to Banyan St. while it is closed. This is for the safety and well being of participants. Street must be cleared and open as soon as possible following the event.

Fee for Services:

Special Arrangements:

None.

Print Name: Capt. Scott Lucia

Signature: Capt. Scott Lucia

Digitally signed by Capt. Scott Lucia
Office: Capt. Scott Lucia, Lee County Sheriff's Office, su-Special Operations,
email=sklucias@leesheriff.org, cn=US
Date: 2016.02.01 11:34:28 -0500

Title: Special Events, Permits and Details

Date: 1 February 2016

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
☒ 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.

Fire Guards (How Many?)

None

Fee for Services:

None

Flammable Vegetation:

None

First Aid Equipment:

None

Fire Extinguishing:

None

Special Arrangements:

Be advised that **EMERGENCY** access on Banyan St. is required. Be prepared to move any and all objects from the street to allow emergency vehicle access. Any damage to BGFD vehicles while making access to emergency will be the responsibility of the permit holder.

In case of emergency - DIAL 911

Print Name: C.W. Blosser

Signature:

Title: Fire Chief

Date: 01/29/2016

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	N/A
Special Arrangements:	N/A

Print Name: Benjamin Abes

Signature: Benjamin Abes

Digitally signed by Benjamin Abes
DN: cn=Benjamin Abes, o=Lee County, ou=Public Safety,
email=benjamin.abes@leegov.com, c=US
Date: 2016.01.29 11:09:00 -0500

Title: Chief

Date: Jan 29, 2016

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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☐ FILM PERMIT

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

Parking: Park in designated areas. No event parking on Lee County road rights-of-way where parking is prohibited.

Ingress and Egress: Use all established means of ingress and egress.

Special Arrangements: Use Lee County Sheriff's Office for assistance with traffic control as needed.

Print Name: Bryan Miller

Signature: Bryan D. Miller

Digitally signed by Bryan D. Miller
Date: 2016.02.03 09:31:59 -05'00'

Title: Senior Project Manager

Date: February 3, 2016

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
☒ 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.

Illumination:

No open flames aloud on premises. Any additional lighting must be provided by permit holder.
No illumination on trees or bushes On Banyan Street

Parking Areas:

Use Community House parking lot and existing parking at the Boca Grande Community Park and Center

Special Arrangements:

- Must follow all Banyan Street Wedding guidelines set forth by Lee County Parks and Recreation and stay on County property at all times
- All trash must fit into two 90 gallon garbage containers provided by the Community House.
- Must provide insurance with Lee County BOCC being additionally insured and adhere to all rules and guidelines set forth by the Loise DuPont Crowninshield House representative.
- Alcohol must be contained within the boundary of the Louise DuPont Crowninshield House.
- Lee County Parks & Recreation Director or Deputy Director approves this alcohol permit (2 - permits already granted at the Boca Grande Community Park) by signing below.

Print Name: Alise Flanjack Joe Wier

Signature: Alise Flanjack

Digitally signed by Alise Flanjack
DN: cn=Alise Flanjack, ou=Lee County Parks and Recreation, ou,
email=alise@leegov.com, c=US
Date: 2016.01.29 15:11:15 -0500

Title: Deputy Director Supervisor

Date: 1/29/16 1/28/16

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
☒ USE OF COUNTY PROPERTY PERMIT
☒ PERMIT TO ~~SERVE 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.

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 applicants use of aforementioned event within Lee County.

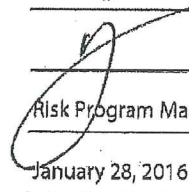
In addition, Host Liquor Liability insurance will be required with minimum limits of One Million Dollars (\$1,000,000) per occurrence. Should Host Liquor Liability coverage be afforded under the Commercial General Liability policy, minimum acceptable limits will be Two Million Dollars (\$2,000,000) aggregate.

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.

Subject to proof of insurance.

Print Name: Mike Figueroa

Signature: 

Title: Risk Program Manager

Date: January 28, 2016



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/27/2016

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
Italiano Insurance
PO BOX 1406
BOCA GRANDE, FL 33821-1406

CONTACT NAME:
PHONE (A/C No, Ext): (941) 964-0400 FAX (A/C No): (941) 964-0595
E-MAIL ADDRESS: Patricia@italianoinsurance.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: U.S. Fire Insurance Company 21113

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:

DANIEL & PAMELA PAPPANO
1003 MICHIGAN AVE
WILMETTE, IL 60091

COVERAGES

CERTIFICATE NUMBER: USS301890

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	ADD'L SUBR INSR INVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		SRPG-101-0715	4/1/2016 12:01 AM	4/1/2016 12:01 AM	GENERAL AGGREGATE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					PRODUCTS - COMP/CP AGG \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> Host Unitor Included					EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					FIRE DAMAGE (Any one fire) \$ 300,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ-ECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Per accident) \$
	ANY AUTO					BODILY INJURY (Per person) \$
	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTO	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WO STATUTORY LIMITS <input type="checkbox"/> OTHER \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
						AD&D MAXIMUM MEDICAL DEDUCTIBLE TERMS OF PAYMENT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Proof of Wedding Liability Insurance. Certificate Holder is named as additional insured with respect to the operations of the Named Insured.

CERTIFICATE HOLDER

LEE COUNTY BOARD OF COUNTY COMMISSIONERS
PO 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

Italiano Insurance

LCSO Details Main Phone Number: 239-477-1199			
Vendor Information			
Business Name: <u>Pam Pappano</u>			
Street: <u>4511 Shore Lane</u>			
City: <u>Boca Grande</u>	State: <u>FL</u>	Zip Code: <u>33921</u>	
Business Contact: <u>Pam Pappano</u>		Phone: <u>847-208-4019</u>	
Email Address: <u>pspappano@gmail.com</u>			
Event Information			
Detail Location: <u>Banyan Street</u>			
Street: _____			
City: <u>Boca Grande</u>	State: <u>FL</u>	Zip Code: <u>33921</u>	
Contact During Event: <u>Pam Pappano</u>		Phone: <u>847-208-4019</u>	
Event Date: <u>4/2/16</u>		Event Time: <u>1430-1830</u>	
Anticipated Crowd Size: <u>unk</u>		Type of Event: <u>Wedding Photos</u>	
Additional Security Working Detail: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, how many? _____			
Permits Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Alcohol Served: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Detail Information			
Security	<input type="checkbox"/>	Traffic	<input checked="" type="checkbox"/>
Escort	<input type="checkbox"/>	Holiday	<input type="checkbox"/>
Last Minute	<input type="checkbox"/>	Stand-by	<input type="checkbox"/>
Marked Vehicle	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unmarked Vehicle	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Uniformed Deputy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Plain Clothes Deputy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Prisoner Transport <input type="checkbox"/>			
Funeral Escort <input type="checkbox"/>			
Detail Description: Road will be closed for wedding pictures. Deputy will position on Banyan Street between Park and Gilchrist to close the road. Four hour minimum applies. Payment is due one month prior to the date of the event.			



14750 Six Mile Cypress Parkway • Fort Myers, Florida 33912-4406 • (239) 477-1000

Mike Scott
Office of the Sheriff



State of Florida
County of Lee

Extra Duty Detail Request Form

Please fill out the Extra Duty Request form attached to this document completely. All details are a minimum of four (4) hours with the exception of boat details which are a minimum of six (6) hours and a half hour drive time to and from the detail location. When five (5) or more deputies are assigned to an event, 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.

The current detail rates are:

Security	\$40/hr	Traffic	\$50/hr
Funeral Escort	\$40/hr	Security Supervisor	\$50/hr
Escort	\$40/hr	Traffic Supervisor	\$60/hr
Boat	\$40/hr	Civil Stand-by	\$60/hr
Holiday/Last Minute	\$60/hr	Prisoner Transport	\$60/hr

Details are charged a \$15 per deputy vehicle rate.
All boat details are charged a \$20 per hour boat rate.

Extra Duty Details will not be provided to any person, firm or organization whose members, business or operations are of 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 the detail without notice and to recall the deputy(s) when necessary for community safety.

The Lee County Sheriff's Office will be the only armed personnel at any event where the detail is taking place. Any private security company that is hired to work alongside the Sheriff's Office will be a reputable, licensed and insured company whose employees are State D licensed unarmed security guards. Proof of the signed contract with private security company will be required.

In order to cancel a 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 and ask to have the on-call Detail Coordinator call you.

Unless otherwise specified, full payment of all details must be received one (1) week prior to the start of the event in the form of a cashier's check, money order, business check or cash. The Lee County Sheriff's Office does not accept credit cards or personal checks. **Payments can be sent to: The Lee County Sheriff's Office 14750 Six Mile Cypress Pkwy., Fort Myers, FL 33912 ATTN: Details Unit.**

LEE COUNTY SHERIFF'S OFFICE USE ONLY			
Total Deputy(s) <u>2</u>	Total Hours <u>8</u>	Rate per Hour <u>\$40</u>	Vehicle Rate <u>Waived</u>
Total Cost for Detail <u>\$400</u>			
Vender Signature _____		Date _____	



14750 Six Mile Cypress Parkway • Fort Myers, Florida 33912-4406 • (239) 477-1000

