

EVENT PERMIT



Ordinance 14-15

COUNTY ADMINISTRATION WORLDS RICHEST TARPON TOURNAME AMII: 54

PERMIT NUMBER:

TMP2017-00135

Date(s) of Event:

May 26-27, 2017 From 7:00AM To 10:00PM

Property Owner:

LEE COUNTY

Applicant:

BOCA GRANDE CHAMBER OF COMMER

Contact: NAT ITALIANO

Description:

WORLDS RICHEST TARPON TOURNAMENT FESTIVAL

Set up Friday 7AM, Art Show Friday & Saturday 11am-8pm, Music Friday & Saturday 2pm-10pm, Food and Beverage Friday & Saturday 11am-10pm

Location of event:

131 135 1ST ST W BOCA GRANDE 33921 PARK AVE BOCA GRANDE***941-964-0568

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

County Manager

Date



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

WORLDS RICHEST TARPON TOURNAMENT - MAY 26 & 27, 2017

TmP2017-00135



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 INF	ORMATION (All Permit Types)
Title of Event / Name of Production	WORLDS RICHEST TARPON TOURNAMENT FESTIVAL
Date(s) of Event / Production:	MAY 26TH & 27st, 2017
Location(s) of Event:	PARK AVE. BETWEEN 5TH & 3RD STREET, DOWN TOWN BOCA GRANDE - MAP ATTACHED
Name of Applicant:	NAT ITALIANO (COMMITTEE CHAIRMAN) BOCA GRANDE CHAMBER OF COMMERCE
Applicant Address:	NAT ITALIANO P.O. BOX 704 BOCA GRANDE, FL 33921
Applicant Phone Number:	941-964-0568 OR 964-0400
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	INFO@BOCAGRANDECHAMBER.COM & OR NAT@ITALIANOINSURANCE.COM
Estimated Attendance:	700 - 900
Event Description: Include each activity, when activities take place, etc.	SET UP
Hours of Operation:	SEE ABOVE
STRAP # of Parcel:	14-43-20
Owner of Premises*:	LEE COUNTY GOVERNMENT / DOT

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



Fill out the following questions for allpermit types:

What is the Zoning Classification of the premises? DOT RIGHT OF WAY	
Are any temporary structures to be installed for the event? Yes 🔀 No	Type:
Do you have the appropriate permits for the temporary structures?	⊤ Yes
* For a 'Special Event' and 'Use of County Property' permit, submit a site plan w indentified, including all parking areas.	ith all proposed facilities and activities
Insurance Company Insuring the Event: ITALIANO INSURANCE CO.	
Note: Certificate of Insurance must be submitted at time of application	
Surety Company Bonding this Event (Name and Address): N/A	
Will Vehicles be Used as Part of This Will Food be Available at this Event?	Will Alcoholic Beverages be served/consumed at this Event?
「Yes 区 No 区 Yes 厂 No	∏ Yes ☐ No
If yes, automobile coverage must be If yes, products liability coverage must be included on the certificate of insurance.	If yes, liquor liability coverage must be included on the certificate of insurance.
Name & Address of Organization Providing Food: VARIOUS ISLAND RESTAURANTS	
Type of Food being Served: VARIED MENU - FAIR STANDARD	
Section II - USE OF COUNTY PROPERTY PERMIT	•
Organization Sponsoring the Event: BOCA GRANDE AREA CHAMBER OF COMMERCE	
Fill out this portion for applications for Solicitation in the County Rights-of-Way	<i>t</i> :
Name of Charity: BOCA GRANDE AREA CHAMBER OF COMMERCE	
Address of Charity: 480 EAST RAILROAD AVE, BOCA GRANDE, FL 33921	. 7.
Phone Number: 941-964-0568	*
Non-profit certificate/registration number: 59-2402749	
(Proof of registration with the Dept, of Agriculture & Consumer Services \$496.405 or proof the organization is	s exempt from this requirement. §316.2045)
Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES P	ERMIT
Is alcohol being sold/consumed on County Property? If Yes, then a "Lee County Alcohol Permit" is required. Only non-profit organizations can sell alcohol on County	▼ Yes
Non-profit certificate/registration number: 59-2402749 (Required if alcohol is to be <u>SOLD</u> at the event)	
Please note: A permit from the State of Florida Division of Alcoholic Beverages and Tobacco may a further details	also be required; please call (239) 344-0885 for



Section IV - FILM / VIDEO / PHOTO	OGRAPHY PERMIT	N/A		
Type of Production (choose all that apply):				
TV Movie or Special TV S	eries / Pilot	TV Commercial	Still Photos	
Public Service Announcement Indus	trial / Documentary	Other:		
Vill any of the following be needed or includ	ed*?			
Street Closure		Yes	No	*
Traffic / Crowd Control		┌─ Yes ┌─	No	
Fire or Burning		☐ Yes ☐	No	
Explosives or Pyrotechnics		Yes	No	
Animals, Large or Small			No	
Construction of Any Kind	•		No	
Large and/or Numerous Vehicle	es		No	*
Helicopters, Boats, etc.		┌ Yes ┌		
Stunts		┌ Yes ┌	No :	
Other		┌ Yes ┌	No :	
Special Parking Requirements:			-	
	2			
l				***
City or County Services Required: (Personn	el, equipment, facilities, et	tc.)		
l				
The following information is required for lot the industry. If exact figures are not availab	cal and state records on pr ble, please estimate as clos	oduction in Florida ely as possible.	to track the economic im	pact of
Number in Cast:	Number in Crew:	Number of	locals hired:	
Total budget:	Estimate amount spent in L	.ee County:		
Hotel room nights:	Number of shooting days:			
				an - tomor management on

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Applicant Agreement - Signature Required



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 permises 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.

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.

Signature of Applicant

Print Name of Applicant and Title

4 4 17

Date

Jank W

Print Name of Witness

71.

Date



LEE COUNTY SHERIFF'S DEPARTMENT 14750 SIX MILE CYPRESS PARKWAY FORT MYERS,FLORIDA33912 (239) 477-1199

Check the appropri	ate box(es) be	low:				
F SPECIAL EV	/ENT PERMIT					
J ▼ USE OF CC	UNTY PROPERTY	PERMIT				***
	SELL AND CONS	SUME ALCOHOLIC B	EVERAGES WITHIN LE	E COUNTY FACI	LITIES	
FILM PERN	TIT					
AFTER REVIEWING THE WILL REQUIRE THE APP				gements you	R ORGANIZATI	101
Parking:	Parking in authoriz	zed parking areas only		· .		
Deputies (How Many?):	1 Deputy from 140	00-2300hrs each day		· · · · · · · · · · · · · · · · · · ·		
Deputies (now ividity?):	1 Deputy from 160	00-2300hrs each day				

Fee for Services:	\$50/hr per deputy	· · · · · · · · · · · · · · · · · · ·				
rec for services.						
Special Arrangements:						
						®
]					
1						
	· ·					
				.,		
	Print Name:	Capt. Scott Lucia		······································		
	Print Name: Signature:	Capt. Scott Lucia Lucia, Scott	Orderly, shared systems, stems On the major and summers, and (50 Users, males envisitues protections of Data, 2017 of 14 data 5 or or or	tia, keut,		*
			ON 46-eeg, despirativell, ou +LCSO Usez, con-lus entil-sistemy spherifiched (page 1997) Date: 2017 94 14 88-75 59 -0470*	sta, Lenat,		*



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 approp	riate box(es) b	elow:	
F SPECIAL	EVENT PERMIT		
TX USE OF C	COUNTY PROPER	TY PERMIT	**
AFTER REVIEWING THI WILL REQUIRE THE APP	E APPLICATION, LICANT TO COM	PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.	٧
Fire Guards (How Many?)		None	-
Fee for Services:		None	&
Flammable Vegetation:		None	
First Aid Equipment:			, die
•		None	4
Fire Extinguishing:			
		None	
Special Arrangements:	**************************************	In case of emergency - Dial 911	
		in duot of emergency - Dial 911	
	Print Name:	C.W. Blosser	
	Signature:	CAL	
	Title:	Fire Chief	dia.
	Date:	04/12/2017	
		The state of the s	

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

Check the appropri	ate box(es) belo	ow:			
☐ SPECIAL EV ☐ USE OF CO ☐ FILM PERM	UNTY PROPERTY F	PERMIT			
AFTER REVIEWING THE WILL REQUIRE THE APPL				NTS YOUR ORGANI	ZATIO
Treatment Facilities:	None necessary.				
Medical Personnel:	None necessary.				
Medical Supplies / Equipment:	None necessary.	·		,	
	No additional preca	utions necessary.			4
Fee for Services	Not applicable.				
	Please call 911 in the 239 533-3911.	e event of an emergency. To	o arrange special event cov	verage, contact our offic	ce at
	Print Name:	Benjamin Abes			
	Signature:	Benjamin Abes	Digitally signed by Benjamin Ab Date: 2017.04.12 11:18:42 -04'0		
	Title:	Chief		and the second s	



DEPARTMENT OF TRANSPORTATION 1500 MONROE STREET FORT MYERS,FL33901 (239) 533-8580

Check the appropr	iate box(es) be	elow:		
☐ SPECIAL E	VENT PERMIT			
,	OUNTY PROPERT	Y PERMIT		
•			RAGES WITHIN LEE COUNT	TY FACILITIES
FILM PERI	MIT			
AFTER REVIEWING THE WILL REQUIRE THE APP			OW WHAT ARRANGEMENT /ENT.	S YOUR ORGANIZATION
Parking:	Park in designated	d areas and/or where legal	parking is available.	
		-		
Ingress and Egress:	Use established m	neans of ingress and egress		

•				,
Special Arrangements:	maintain emerger vehicle intrusion i	icy vehicle access at all time	with traffic control as needed. F es. Barricades should be placed areas. Roads should be opened apleted.	at intersections to avoid
			•	

	Print Name:	Bryan Miller		
	Signature:	Bryan D. Miller	Digitally signed by Bryan D. Miller Date: 2017.04.20 09:10:07 -04'00'	-
	Title:	Senior Project Manager		- -
	Date:	April 20, 2017		
				-

WORLDS RICHEST TARPON TOURNAMENT FESTIVAL - MAY 26th & 27th

Lee County Event Permit Application



Check the appropr	riate box(es) be	elow:			
F SPECIAL E	VENT PERMIT			:	*
j⊠: USE OF Co	DUNTY PROPERT	Y PERMIT			
R PERMIT TO	O SELL AND CON	SUME ALCOHOLIC BEV	ERAGES WITHIN LEE COUN	TY FACILITIES	
FILM PERI	MIT	•			
AFTER REVIEWING THI WILL REQUIRE THE APP			OW WHAT ARRANGEMENT VENT.	'S YOUR ORGANIZA	AOIT.
Illumination:	Any additional ligi	hting must be provided by	permit holder.		
Parking Areas:	Use all designated Community Park a	l parking areas in the dowr and Center	n town area and overflow parkin	g at the Boca Grande	**
Special Arrangements:	 Must provide insu- If alcohol is being may also be requir Follow all guideli Joe Wier from Park 	urance with Lee County BC g sold, a permit from the sta red. Call 1-239-344-0885 nes set forth by Lee County as & Recreation at 1-239-22	with Joe Wier from P&R for place OCC being additionally insured, ate of Florida Division of Alcoho y DOT. If cones or barricades are 9-0569 ion, so vehicle turn around is m	lic Beverages and Toba	
	Print Name:	Jesse Lavender	Joe Wier	_	
	Signature:	Jesse Lavender	Digitally signed by Jest (1956) Date: 2017.04.12 11:58:09 -04:00	R Wier	\$ #
	Title:	Director	Supervisor		
	Date:	4/12/17	4/12/17	_	



LEE COUNTY RISK MANAGEMENT COUNTY ADMINISTRATION BUILDING - 4TH FLOOR 2115 SECOND STREET FORT MYERS, FLORIDA33901 (239) 533-2221

Check the appropria	te box(es) bε	elow:	
SPECIAL EVE	NT PERMIT		
▼: USE OF COL		Y PFRMIT	Es .
		SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNT	Y FACILITIES
FILM PERMI			
,		•	
		PLEASE INDICATE BELOW WHAT ARRANGEMENT PLY WITH FOR THEIR EVENT.	S YOUR ORGANIZATION
	•		
Insurance Requirements:	occurrence to p	neral liability insurance with minimum limits of One Million rotect against bodily injury and/or property damage relativ devent within Lee County.	
	(\$1,000,000) per	t Liquor Liability insurance will be required with minimum i r occurrence. Should Host Liquor Liability coverage be affo r policy, minimum acceptable limits will be Two Million Dol	rd under the Commercial
			Š
Special Arrangements:		nsurance shall be submitted as evidence of the required co commissioners, P.O. Box 398, Fort Myers, FL 33902 as the ed.	
	Subject to proof	f of insurance.	•
			A A
	,		
	Print Name:	Mike Figueroa	
	Signature:	7	-
	Title:	Risk Program Manager	· · · · · · · · · · · · · · · · · · ·
	Date:	April 27, 2017	
		, ,	<u>.</u>

BOCAG-3

CERTIFICATE OF LIABILITY INSURANCE

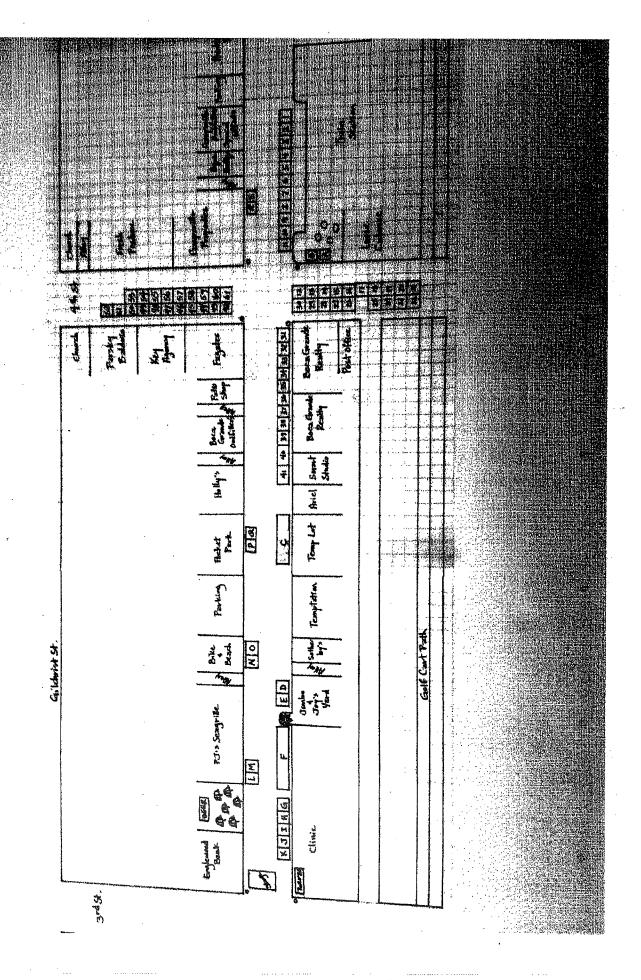
DATE (MM/DD/YYYY)

04/27/2017

OP ID: KT

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(les) 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-BOCA PHONE (A/C. No. Exi): E-MAIL ADDRESS: FAX P. O. Box 1406 Boca Grande, FL 33921 Italiano Insurance Services In INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Burlington ins. Co. INSURED **Boca Grande Chamber Commerce** INSURER B : Hartford Und Ins Co P O Box 704 Boca Grande, Fl. 33921 INSURER C: INSURER O : INSURER E : INSURER F : **COVERAGES** CERTIFICATE NUMBER: **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. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY 1,000,000 **EACH OCCURRENCE** DAMAGE TO RENTED PREMISES (Ea occurrence) X COMMERCIAL GENERAL LIABILITY 627B007026 05/12/2017 05/12/2018 100,000 5,000 CLAIMS-MADE X OCCUR MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY X ilquor \$2m/\$1m 2,000,000 GENERAL AGGREGATE 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ POLICY PRO-HostLiq 1,000,000 COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO ALL OWNED AUTOS BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ HIRED AUTOS \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE £ DED RETENTION \$ WORKERS COMPENSATION X WC STATU-TORY LIMITS AND EMPLOYERS' LIABILITY 02/15/2017 02/15/2018 8 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below 21WECDR2418 100,000 E.L. EACH ACCIDENT 100,000 E.L DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT | \$ 8 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Scheduls, if more space is required) Lee County Board of County Commissioners, a political subdivision & Charter County of the State of FL are Additional Insd on the Gen Liab as required by written contract. For events 5/12/17-Ladies Day Capt Party, and 5/26/17 & 5/27/17 for Festival (which is only event to include liquor liability) Other events include host liquor. OLMP OHE 17 CERTIFICATE HOLDER 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. Lee County Board of County Commissioners P O Box 398 **AUTHORIZED REPRESENTATIVE** Fort Myers, FL 33902 © 1988-2010 ACORD CORPORATION. All rights reserved.





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 rat	es 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) 2	Total Hours	Rate per Hour	Vehicle Rate Waived			
Total Cost for Detail \$1,600						
Vender Signature	 Date					



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

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LCSO Form 389 (revised 5/1/2015 B.Martin 07-252)