



Request For New Customer Account

PART A - To be completed by the person/agency requesting the account.

PAID DUTY & EVENT DETAILS

Expected Date of Paid Duty: _____ Expected Frequency of Paid Duty: Daily Weekly Monthly One Time Event
(yyyy/mm/dd)

Type of Paid Duty: (Check all that apply) Escort Film Security Traffic Detail

Function Required of the Officer: _____

Expected Location of Paid Duty: _____ Liquor being served: Yes No

BILLING AND CONTACT INFORMATION

Full Billing Address:

Company Name: _____ Business Registration No.: _____

Street Address: _____
(Street Name, Number and Unit or Apartment Number)

City: _____ Postal Code: _____

Phone No.: _____ Ext.: _____ Fax No.: _____

Main Contact Information:

Name: _____
(Surname, Given)

Position: _____

Phone No.: _____ Ext.: _____ Cell No.: _____

E-mail: _____

Payment Contact Information:

Name: _____
(Surname, Given)

Position: _____

Phone No.: _____ Ext.: _____ Cell No.: _____

E-mail: _____

I agree to the Customer Request for Paid Duty - Terms of Agreement as posted on the Toronto Police Service website.

Website Address: <https://www.tps.ca/services/request-paid-duty-officer>

TORONTO POLICE SERVICES USE ONLY

PART B - Central Paid Duty Office	PART C - Accounting Services
Date: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied <small>(yyyy/mm/dd)</small>	Date: _____ Customer No.: _____ <small>(yyyy/mm/dd)</small>
Badge No.: _____ Initials: _____	Badge No.: _____ Initials: _____

Notes:
