



**J.A. Vest, Sheriff**

**Gaines County Sheriff's Office**

305 E Avenue A, Seminole, Texas 79360

(432) 758-9871 | fax: (432) 955-1010

## OFF-DUTY DEPUTY REQUEST FORM

Please complete this form in full for all off-duty deputy requests. Submission of this form does not guarantee approval. Please make the request at least 2 weeks before the event to ensure there are no staffing issues. Requests are subject to staffing availability and approval by the Gaines County Sheriff's Office.

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### REQUESTOR INFORMATION

Business / Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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### EVENT / JOB INFORMATION

Name of Event / Job: \_\_\_\_\_

Location / Address: \_\_\_\_\_

Date(s) of Event / Job: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Estimated Total Hours: \_\_\_\_\_

Type of Event / Job: \_\_\_\_\_

Estimated Attendance: \_\_\_\_\_

Will alcohol be present or served?

Yes  No

**If yes, a minimum of two (2) deputies is required.**

Describe the event and any anticipated security concerns:

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## DEPUTY REQUEST

Number of Deputies Requested: \_\_\_\_\_

Special Requests / Instructions: \_\_\_\_\_

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## FEES & PAYMENT

- Off-duty deputy services are billed at **\$50.00 per hour, per deputy (cash only)**.
- Events involving alcohol require a **minimum of two (2) deputies**.
- A minimum billing period may apply.
- Payment for off-duty deputy services must be made prior to or at the beginning of the job/event.
- Payment arrangements must be approved prior to the event.
- The requesting party may be responsible for any damages, overtime, or additional staffing costs incurred during the event.

Billing Contact (if different from above): \_\_\_\_\_

Billing Phone / Email: \_\_\_\_\_

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## AGREEMENT

I understand that submission of this request does not guarantee staffing availability or approval by the Gaines County Sheriff's Office. I agree to comply with all requirements and payment obligations associated with this request.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## SHERIFF'S OFFICE USE ONLY

Date Received: \_\_\_\_\_

Approved By: \_\_\_\_\_

Approved  Denied

Number of Deputies Assigned: \_\_\_\_\_

Special Instructions:

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