



PAID DUTY REGISTRATION FORM

Paid Duty Date(s):	
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Start Time:	
End Time:	

Location of Event:	
Details of Event:	
Police Vehicles: (Minimum 1 hour)	

Date of Request:	
Contact Person:	
Billing Address:	
Other Comments:	

Please forward this form to the UCCM Anishnaabe Police Service to the attention of "Sergeant on Duty", fax #: 705-377-5583