



Monroe Township Police Department  
 125 Virginia Avenue  
 Williamstown, New Jersey 08094  
 (856) 728-9800



**ANNUAL EMPLOYMENT REQUEST CONTRACT AGREEMENT – EXTRA DUTY**

**Phone: 856-728-9800 x207 Fax: 856-728-2468**

**PLEASE PRINT**

Name of Applicant (Business/Organization/Individual) \_\_\_\_\_

Designated Representative: \_\_\_\_\_

Fax: \_\_\_\_\_ Phone (Day): \_\_\_\_\_

E-Mail: \_\_\_\_\_

Billing Address: \_\_\_\_\_

**After Hours** Contact Name: \_\_\_\_\_

**After Hours** Telephone Number(s): \_\_\_\_\_

**Rates for This agreement will be in accordance with Monroe Township Municipal Ordinance §69-20-22 & §74-39**  
 Links to the rate ordinances: <https://ecode360.com/7176871> and <https://ecode360.com/31710370>  
  
*Any person, contractor or utility wishing to conduct work on, under or above the roadway to adhere to §267-60 to 267-66 regarding Traffic Controls for Construction and Maintenance Operations.*  
 Links to the Traffic Controls for Construction and Maintenance Operations ordinances:  
<https://ecode360.com/7183689>  
**All requests are a minimum of 3 hours.**

**CANCELLATION POLICY**

The cancellation policy is covered in Monroe Township Municipal Ordinance §69. Should you need to cancel, notification shall be made by contacting a supervisor at 856-728-9800 extension 269. If there is no answer at that number, contact police dispatch at 856-728-0800, they will notify the on duty supervisor to ensure proper notifications are made.

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I, \_\_\_\_\_, AS AUTHORIZED REPRESENTATIVE OF \_\_\_\_\_ HEREBY  
 ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS CONTRACT AND THE CONDITIONS, AND FURTHER  
 AGREE THAT I WILL ABIDE BY AND BE SUBJECT TO THESE CONDITIONS IN ALL RESPECTS.

X \_\_\_\_\_  
*Signature of Permittee/Authorized Representative Date*

**OFFICE USE ONLY**

GRANTED – The above application is hereby granted together with the aforementioned Conditions are hereby adopted, by reference, and are made a part of and constitute the terms and conditions of this permit.

Chief of Police/Extra Duty Coordinator: \_\_\_\_\_ Date Approved: \_\_\_\_\_