



Mark Crider
Sheriff

WALLA WALLA COUNTY SHERIFF'S OFFICE

240 West Alder Street, First Floor
Walla Walla, WA 99362-0220

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Toll Free (866) 527 - 3268
Email: sheriff@co.walla-walla.wa.us

Joe Klundt Undersheriff
Richard L. Schram Chief Criminal Deputy
Ron Varner Chief Civil Deputy

Supplementary Law Enforcement Services Contract

This agreement is entered into on this day between the Walla Walla County Sheriff's Office, Walla Walla County, State of Washington hereinafter referred to as "**WWSO**" and any individual/agency/organization seeking services, hereinafter referred to as the "**Applicant**".

The WWSO may respond to requests for extra duty law enforcement services to the extent permitted by existing resources and in accordance with the WWSO Policies and Procedures. This contract is to provide supplementary or extra-duty law enforcement services within Walla Walla County. Requests for services may be declined at the sole discretion of the Sheriff or his designee, with or without cause.

In receipt of the mutual covenants and agreements herein contained, the parties agree as follows:

1. The WWSO will provide personnel and other resources as deemed necessary, in a law enforcement role, at agreed upon functions.
 - a. Full time and reserve fully commissioned sworn deputies will be assigned to these roles.
 - b. The WWSO shall have exclusive authority to make all personnel decisions pertaining to the employment of deputies assigned for these services.
2. The requesting Applicant will have the responsibility to pay the WWSO in advance for approved services.
 - a. If payment is not received at the Walla Walla Sheriff's Office at 240 W. Alder Street, 1st Floor, Walla Walla, WA 99362, three (3) calendar days prior to commencement of services the contract is void and services will not be rendered.
 - b. Payment must be made by cash or cashier's check. Personal checks will not be accepted.
 - c. In the event it becomes necessary for the applicant to cancel the supplemental service, it is the applicant's responsibility to notify the WWSO at 509-524-5400, as soon as possible and no less than 6 hours before the off-duty job was to begin. Every effort will be made by the WWSO to contact the deputy(s) working the event. If the deputy(s) cannot be contacted and reports to the assigned duty, each reporting deputy shall be paid a minimum of three hours. The contractor is responsible for these costs.
3. The WWSO shall have sole responsibility for the payment of any related compensation to deputies. The Applicant is prohibited from paying deputies directly.

Walla Walla County Sheriff's Office - 2 -
Supplementary Law Enforcement Services Contract

4. Deputies are considered on-duty, and acting within the course and scope of their official duties for the Walla Walla County Sheriff's Office, while performing supplemental law enforcement services. The Deputies are subject to call by the Sheriff or his designee at any time for emergencies, special assignment, or overtime duty. Extra duty employment does not infringe on the public safety obligation of the WWSO.
 - a. Deputies will be providing law enforcement duties only. Deputies on extra duty assignment have a primary obligation to the County, not the Applicant. They are expected to discharge all duties of their office, to enforce all laws and ordinances, and to adhere to all WWSO policies, procedures, rules and regulations.
 - b. Deputies will enforce state and local laws as they apply, including, but not limited to, drug and alcohol violations. Deputies reserve the right to search patrons for officer and public safety, consistent with state and federal law.
5. The WWSO will charge an hourly rate of \$73.00 per deputy.
 - a. The fee is subject to change annually.
 - b. The number of deputies to work an event will be determined at the sole discretion of the WWSO. Upon event review, applicants will be advised of the minimum number of deputies required for each event.
 - c. Hourly fees will begin to accrue at the time of deployment from the WWSO and end upon return to said location.
 - d. Mileage may be charged from the WWSO at 240 W Alder, Walla Walla, WA 99362 and will include mileage to and from the location of service, along with any additional driving required by the service. The rate per mile is based on the current IRS mileage rate. (The current rate is 56 cents per mile, and is subject to change without notice.) Applicants will be advised if a mileage change applies to their event.
6. The Applicant's point of contact, or their designee, will be available at the beginning of event service to brief deputy(s) and will ensure their availability to the deputy(s) at all times.
7. The WWSO assumes full responsibility for deputy performance. Applicant may provide written information, after the event, in regards of deputy performance to the WWSO for consideration.
8. During the performance of this contract, the WWSO and the Applicant shall not discriminate on the basis of race, color, sex, religion, national origin, creed, age or the presence of any sensory, mental or physical handicap.
9. Indemnification and hold harmless: Each party shall defend, indemnify and hold harmless the other party, its officers, agents and employees from all liability, loss or damage including costs of defense that they may suffer as a result of claims, demands, actions, damages, costs or judgments which result from the actions performed by the indemnifying party, its agents, employees or subcontractors pursuant to this Agreement.



Walla Walla County Sheriff's Office Supplementary Law Enforcement Services

DATE OF APPLICATION: _____ (Must be submitted at least 21 days prior to event)

APPLICANT: _____ **POINT OF CONTACT:** _____

ADDRESS (street, city, state, zip): _____

CONTACT PHONE NO: _____ **FAX NUMBER:** _____

EMAIL ADDRESS FOR POINT OF CONTACT: _____

DATE OF EVENT: _____ **LOCATION OF EVENT:** _____

REQUESTED HOURS OF SERVICE: FROM _____ **TO** _____
(Requires a three (3) hour minimum)

ESTIMATED NUMBER OF PEOPLE IN ATTENDANCE: _____ **# of Deputies Requested** _____

ALCOHOL BEING SERVED: YES ___ **NO** ___ **ALCOHOL ON PREMISES: YES** ___ **NO** ___
(if yes, please supply copy of proper permit)

NATURE OF EVENT:

DESCRIPTION OF SERVICE:

APPLICANT SIGNATURE

DATE

Walla Walla County Sheriff's Office Use

Application received on: _____

Application approved/declined on: _____ By: _____

Applicant contacted with estimated cost on: _____ By: _____

_____ # of deputies Payment Rec'd on: _____

_____ # of hours \$ Received by: _____

\$ _____ Rate of pay per hour Notified Operations Div _____

\$ _____ Calculated Cost