

WAYNE COUNTY AIRPORT AUTHORITY CONTRACT SECURITY SERVICE REQUEST AUTHORIZATION

I,(Print Name)	
,	(,
Billing Address	_
Telephone Number	Cell or Pager Number
do hereby request contract security serv	(Location: be specific)
For project	(Project Name/Permit Number)
for: Specific period of:	
security officer at an hourly rate of a rate of \$100.00 per day. With I overtime rate of \$50.78, from the state of \$50.78, from the state of \$50.78, from the state of \$50.78 are cancellation notice within 12 hours of \$12 hours at the rate of \$33.8	: Security contractor may bill a minimum of 8 hours and maximum of
• • •	e invoiced for this service and agree to make our remittance within thirty (30) days
Signature	Date:
	SECURITYDEPARTMENTUSEONLY
SecurityRepresentativeApproval:	Date:
Contract Security Service Notification:	Date:
ARC Notification:	Security Mgmt Notification Date: