

AMERICAN PUBLIC DEFENSE INC.

IL Lic. No. 122.001420

www.apdsecurity.com



REQUEST FOR SERVICE - WORK ORDER

Name of Requester: _____ Requester's Phone number: _____

Name of Client: _____ Client phone number: _____

Client Address: _____

Client email: _____

Company/Individual paying for service: _____ Payment Method: _____

Date(s) of services needed: _____

Time(s) / Hour(s) of services needed (put the start time 30 minutes prior to what client needs): _____

Address(es) where services needs to be provided: _____

Name of Building/venue/property where services are to be provided: _____

(FOR PARTY BUS CLIENTS ONLY):

Pickup address: _____ Drop off Address: _____

Pickup time: _____ Drop off Time: _____

Bus Company Name: _____

Why do client need or desire services? (give brief details)

Special orders from client: _____

QUOTE: \$ _____ . _____ **PER** [] HOUR [] DAY [] WEEK
each dollar amount is per each individual officer.

Completed by: _____ Approved by: _____

Today's date: _____ Client Account #: _____