## SC STATE TRANSPORT POLICE P.O. BOX 1993 BLYTHEWOOD S.C. 29016 CONTRACTOR REQUEST FOR ESCORT (TERMS & CONDITIONS)

Phone: #803-896-5500 Fax: #803-896-5526

Date of Request:			
STP Contact: SGT. Matthew C Phone: 803-896-5500 Email	Goff/Tabitha Jenkins/J l: <u>STPescorts@scdps</u>		
Requesting Contractor (Compa Address:	any):		
Company Representative (Age Phone:			
The above Company Agent req Officer(s) to provide marked por required by D.O.T. permit.  ESCORT INFORMATION: Origination Location: Destination Location: Origination Date: Est. Completion Date:	olice escorts(s) for #	movement(s) of ove	
Load Dimensions: Weight-	Width-	Length-	Height-
TERMS for ESCORT SERVICE Services shall be rendered at an shall include travel time to and is made available for an escort. The company will reimburse the officer's residence and during the \$0.655 per mile. State Transport escort.  CANCELLATIONS/DELAYS: Cancellations must be made more Notice of cancellation shall be a designee. Failure to timely cancellation received after Offic excess of two hours following the a minimum charge of four (4) here.	from the Officer's result of the Officer's result of the Division (STP) mile the entire escort. Effect of the Police Officers will one than 24 hours prior made by speaking to the cell an escort request stated on the designated original of the designated original of the police of th	idence and all time denum charge of two (2) age driven by the officive January 1, 2023, be compensated at the to the origination time. Transport Police Chall obligate requested of \$100.00 per Offiched to the assembly gion time shall be deep	uring which the Officer.  2) hours per Officer.  Ticer to and from the the rate is calculated at the completion of the me specified above.  Captain contact or his for to pay an ficer. For any point or delays in
STP CONTRACTOR REQUESTRANSPORT POLICE 48 HOWEEKENDS). By signature below Agent and Compectified herein. Typed/printed Name: Signature: Date:	URS PRIOR TO THE Company acknowledg	E ESCORT (NOT IN	<u>CLUDING</u>
Drivers Name/Cell #			