

BAYONNE POLICE DEPARTMENT		
TITLE: Security/Work Site Evaluation, Pre-Construction Meeting Form / Police Permit		
NUMBER OF PAGES: 1	EFFECTIVE DATE: 01 January 2026	

Applicant: ALL information SHALL be provided (typed)

Job Location (w/ cross streets) _____

Working Dates Start _____ End _____ **Start / Finish Times** _____
Date range is limited to one (1) week.

Name of Registered Company/Individual _____ **CRN#** _____
Provide a DETAILED description of the work you will do, as it affects the public right-of way:

On-Site Supervisor _____ **Phone #** _____

Note: The mandates listed below are the MINIMUM requirements. You are authorized to exceed our minimums. All Officer requests shall be made no later than 2 pm the business day prior to job.

ALL HIRING IS CONDUCTED BY YOU- BayonneNJ@extradutysolutions.com 201-422-5966
 CANCELLATION of Officer(s) requires a minimum of (2) hours' notice to avoid a (4) hour minimum

The undersigned certifies that they have read and understand the Contractor Registration package.

Applicant (Print) _____ **Date** _____

Applicant (Sign) _____ **Phone #** _____
Scan and email this document, along with a Hold Harmless, to worksites@bayonnepd.org

Applicant - do not write below this point **Police Permit**

Date Permit Issued _____ **Time** _____ **Call number** _____ - _____

POs required? NO YES, how many? _____ **Vehicle(s) Required?** NO YES, how many? _____

Police Supervisor required? NO YES **Working Hours - Start** _____ **End** _____

Notes:

Evaluated by (Print/Sign) _____ **Approved by** _____