REQUEST FORM AND CANCELLATION FORM
STATE POLICE TRAFFIC CONTROL SERVICES

Instructions: All Requests for State Police Traffic Control Services at DOT highway construction sites, for jobs for which the direct DOT-DESPP reimbursement payment method will be used, must be made using this form.

- The form must be submitted to the DESPP Special Duty Overtime Coordinator via Facsimile: **860-706-1407/E-mail: specduty.clerk@ct.gov**) between regular business hours 0730 hours through 1730 hours, Monday through Friday (except holidays).
- Requests must be submitted at least five (5) business days in advance.
- There is no guarantee that any request made with less than 24 hour notice to the start of the job can be accommodated.
- Any request for services submitted to DESPP after 1730, will not be scheduled until the following business day except in the case of an emergency.
- **In the event of an emergency requiring services during normal business hours please contact the Special Duty Office at 860-685-8420. After normal business hours for the current day and prior to the start of the next business day, a request must be submitted to the State Police Message Center via E-mail dps.messagecenter@ct.gov or facsimile: 860-685-8346. DOT must also submit the request to the DESPP Special Duty office at the same time via facsimile or email.**
- DESPP cannot guarantee the availability of State Police personnel for requests not submitted in a timely manner.
- This form shall be used for the cancellation of any Request for State Police Traffic Control Services. See Instructions in Section II, regarding cancellation.
- Requests must be made in military time. (Example: 1:00 PM = 1300 hours – 8:00 PM = 2000 hours)

REQUEST DATE:_____	**Is This a New Job?** ☐ Yes ☐ Ongoing

I. PROJECT INFORMATION:

DOT District/Unit:	DOT Project Identifier No:
Town in Which Job is Located:	Job Location/Meeting Location:
Special Instructions:	
Contractor's Name:	Name & Title of Contact Person (print):
Contractor's Cellular Telephone No.	Contractor's Contact Person E-mail address :
Name & Title of DOT Contact Person (Print)	Email Address/Phone No.
DOT Authorization Person (Name/Title)	DOT E-mail Address of Contact Person:(must be an @ct.gov contact)

II. REQUEST OR CANCELLATION FOR STATE POLICE TRAFFIC CONTROL SERVICES:

Cancellation Procedures: To cancel a request for services or any portion thereof, the applicable cancellation boxes must be checked and then re-submit the form to DESPP, with all sections completed. **For cancellations between 0730 hours through 1730 hours, Monday through Friday (except holidays), submit to the DESPP Special Duty Coordinator by facsimile to 860-706-1407 or e-mail to the specduty.clerk@ct.gov**; for cancellations at all other times and holidays, submit to the State Police Message Center by facsimile to 860-685-8346 or e-mail to the dps.messagecenter@gt.gov. ***Any cancellation made without at least twenty-eight (28) hours advance notice will result in a charge for four (4) hours minimum pay for each Trooper/Sergeant assigned to the project.***

	DATE(S)	START TIME	NUMBER OF TROOPER(S)	**(Revision)** TIME CHANGE	**(Revision)** CHANGE NUMBER OF TROOPERS	CANCEL
1.				FROM TO	FROM TO	☐
2.				FROM TO	FROM TO	☐
3.				FROM TO	FROM TO	☐
4.				FROM TO	FROM TO	☐
5.				FROM TO	FROM TO	☐
6.				FROM TO	FROM TO	☐
7.				FROM TO	FROM TO	☐
8.				FROM TO	FROM TO	☐
9.				FROM TO	FROM TO	☐
10.				FROM TO	FROM TO	☐