

Brown County Sheriff's Office

Personal Firearm Purchase Program Memorandum of Understanding

The purpose of this program is to offer police officers a more affordable option when purchasing firearms and firearm accessories. Police Officers wishing to participate in this program understand that it is voluntary and only intended for firearms and accessories used for law enforcement purposes. By volunteering for this program, it is understood that:

- The Brown County Sheriff's Office will purchase the item(s) on behalf of the employee and the employee will submit the appropriate payroll deduction forms for reimbursement to the county
- The program is designed only for an employee's duty pistol, backup pistol, patrol rifle and accessories for these weapons
- Only one purchase can be made at a time and it must be completely paid for before another purchase can be made
- Officers in field training and probationary officers must seek approval from their chain of command before submitting a request for purchase
- Appropriate Brown County purchase forms must be completed before a purchase is made.

Signature of Employee

Employee Name (Please Print)

Date

Signature of Witness

Witness Name (Please Print)

Date

May 19, 2025
(Exhibit #6)

AUTHORIZATION FOR PAYROLL DEDUCTION

I, Deputy Name, authorize the Brown County Sheriff's Office to deduct \$ from my paychecks, beginning Date. This amount shall be deducted on a MONTHLY basis until the total amount due has been paid to the Brown County Sheriff's Office.

This deduction is for DUTY FIREARM PURCHASE PROGRAM, and these funds should be forwarded to the Brown County Sheriff's Office. I realize that this deduction will continue until paid in full. However, it is my responsibility to notify Sheriff's Office Command Staff in writing or by email when this deduction shall cease.

AFFIDAVIT OF RESPONSIBILITY

My signature below affirms my understanding that this particular payroll deduction is a service that is offered by the Brown County Sheriff's Office for peace officer employees who desire to purchase a firearm or firearm accessories for duty purposes.

I acknowledge that should I leave Brown County employment prior to the full reimbursement of the items, the balance due at the time of my employment separation will be deducted from any monies owed me at that time.

I further acknowledge that should I not repay the balance due that I am subject to any and all collection measures available to the Brown County Sheriff's Office including but not limited to collection agencies and/or any legal process as initiated by the County Attorney's Office.

Signature of Employee

Employee Name (Please Print)

Date

Signature of Witness

Witness Name (Please Print)

Date