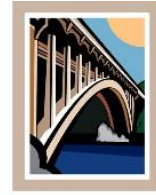




FOLSOM FIRE DEPARTMENT

535 Glenn Drive Folsom, CA 95630
Office (916) 461-6300 Fax (916) 984-7081
www.folsom.ca.us



CITY OF
FOLSOM
DISTINCTIVE BY NATURE

FIRE SAFETY OFFICER SERVICE AGREEMENT

APPLICANT: _____

TAX ID#/ORGANIZATION#: _____

ADDRESS: _____

TELEPHONE: _____

It has determined by the Fire Chief, in accordance with City of Folsom Municipal Code Chapter 8.36 (Folsom Fire Code § 107.8) that provision must be made for Fire Safety Officer Services at the following event/activity:

Date(s)	Start Time	Finish Time	Total Hours
_____	_____	_____	_____
_____	_____	_____	_____

LOCATION OF EVENT: _____

TYPE OF EVENT: _____

The Fire Chief hereby agrees to furnish, and Applicant hereby agrees to accept and pay for, the requisite Fire Safety Officer Services subject to the following terms and conditions:

1. The event/activity will require approximately _____ hours of service by _____ Fire Safety Officer(s), to be provided at Fire Department staff actual cost;
2. In the event additional hours of Fire Safety Officer services are required by the length and/or nature of the event/activity, such additional services shall be provided by the Fire Department at the same hourly rate(s) as aforesaid;
3. The Folsom Fire Department shall bill by invoice for the aforesaid services;
4. The Applicant shall remit the full sum due and owing within thirty (30) days of the date of the invoice.

Signature of Applicant (If authorized representative, give title) Date

Signature of Fire Department Representative (include title) Date