FOLSOM
FIRE DEPARTMENT

535 Glenn Drive Folsom, CA 95630
Office (916) 984-2280 Fax (916) 984-7081
www.folsom.ca.us

FIRE SAFETY OFFICER SERVICE AGREEMENT

PAYEE:_____

TAX ID/SS#:_____

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 an hourly rate of **$94.10** per hour;

2. The Applicant shall remit a signed Safety Officer Service Agreement and the full amount owed (make payment in cash, cashier's check or money order) ten (10) working days in advance of the event/activity to:

Folsom Fire Department
Accounting
535 Glenn Drive
Folsom, CA 95630

3. 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;

4. In the event fewer hours of Fire Safety Officer services are required by the length and/or nature of the event/activity, a refund will be issued within sixty (60) days upon the request of the Applicant to the Fire Chief.

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

Print Name and Title of Applicant

Signature of Fire Department Representative Date

Print Name and Title of Fire Department Representative