



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/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. 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 by invoice;
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 _____