



CITY OF PROVIDENCE FIRE DETAIL AGREEMENT

(1). Terms & Conditions

- (a). Four (4) hours minimum per firefighter.
- (b). Any time worked in any part of one-half (1/2) hour from the start of the detail shall be considered one (1) full half (1/2) hour.
- (c). Double time shall be charged for: Thanksgiving Day, Christmas Eve, Christmas Day, New Year's Eve, New Year's Day, and Easter Sunday.
- (d). If details are to be requested on a regular basis, write "VARIOUS" where applicable.
- (e). To avoid billing with respect to disputes, a phone call must be received by the Fire Detail Office, at (401) 243-6080 within one (1) business day of the dispute with a written letter sent within seven (7) business days of the dispute outlining same.

(2). Cancellation:

To avoid billing, cancellation must be received by the Fire Detail Office, at (401) 243-6080, **twelve (12) business hours** prior to commencement of requested detail. The detail office is open from 7:00 AM to 5:00 PM, Monday through Friday (excepting Holidays). If cancellation is not received, a four (4) hour minimum for each of the requested detail firefighter shall be billed and owed from the company, agency, or individual which requested the detail.

(3). Payment:

Payment shall be made to the City Controller's Office, 797 Westminster St 2nd Floor, Providence RI 02903 (401) 458-4198 ext 11534, within thirty (30) days of invoice date. Interest at eighteen (18 %) percent per annum shall accrue after thirty (30) days. The cost of collection, if necessary, together with reasonable attorney's fees, shall be the responsibility of the company requesting the detail and failing to make payment when due.

Payment by company checks, money orders and certified bank checks only. Prepayment is required for all new accounts. Personal checks are not acceptable and cash payments are not permitted.

(6). Complete Billing Address:

Company or Agency Name (if applicable): _____

Owner's Name or Individual (if not a company, copy of license): _____

Company Address: _____

Billing Address (if different from above): _____

Federal Tax ID # _____

Contact Person: _____

Additonal Contact:

Phone Number: _____

Fax Number: _____

Email Address:

I, _____, an authorized representative of
_____, hereby request detail(s) as described
herein and agree to the terms hereof on behalf of _____.

Sign Name

Date

Print Name

Accepted:

Fire Marshal David Costa
Providence Fire Department

Date

EXHIBIT A

Request for detail services (description):

(2). Requested Number of firefighters and hours:

a)	_____	_____	_____	_____	_____
	DATE	FROM	TO	NUMBER	TOTAL HOURS
b)	_____	_____	_____	_____	_____
	DATE	FROM	TO	NUMBER	TOTAL HOURS
c)	_____	_____	_____	_____	_____
	DATE	FROM	TO	NUMBER	TOTAL HOURS
d)	_____	_____	_____	_____	_____
	DATE	FROM	TO	NUMBER	TOTAL HOURS
e)	_____	_____	_____	_____	_____
	DATE	FROM	TO	NUMBER	TOTAL HOURS
f)	_____	_____	_____	_____	_____
	DATE	FROM	TO	NUMBER	TOTAL HOURS
g)	_____	_____	_____	_____	_____
	DATE	FROM	TO	NUMBER	TOTAL HOURS
h)	_____	_____	_____	_____	_____
	DATE	FROM	TO	NUMBER	TOTAL HOURS
I)	_____	_____	_____	_____	_____
	DATE	FROM	TO	NUMBER	TOTAL HOURS

EXHIBIT B

The new rates for Fire Detail billings goes into effect on invoices dated July 1, 2019 are as follows:

Firefighter	81.80
Lieutenant	90.08
Captain	98.28
Rescue Tech.	85.89
Rescue Tech – Lieutenant	90.08
Fire Alarm Tech.	62.83

Vehicle rates:

Engine	\$200.00 per hour
Hazmat	\$250.00 “ “
Ladder	\$250.00 “ “
Rescue	\$200.00 “ “

Double Time billing rates:

Firefighter	163.60
Lieutenant	180.16
Captain	196.56
Rescue Tech.	171.78
Rescue Tech – Lieutenant	180.16
Fire Alarm Tech.	125.66

Thanksgiving Day	New Year’s Eve
Christmas Eve	New Year’s Day
Christmas Day	Easter Sunday

These rates may change without notice, at the time of your request please verify billing rates. Please note there may be an additional charge for payment via credit card.

Please initial this exhibit and return it along with pages 1 through 3 of the attached agreement.