

PROVIDENCE FIRE DETAIL AGREEMENT

(1). Request for detail services (description):

(2). Requested Number of firefighters and hours:

a)

DATE	FROM	TO	NUMBER	TOTAL HOURS
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b)

DATE	FROM	TO	NUMBER	TOTAL HOURS
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c)

DATE	FROM	TO	NUMBER	TOTAL HOURS
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d)

DATE	FROM	TO	NUMBER	TOTAL HOURS
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e)

DATE	FROM	TO	NUMBER	TOTAL HOURS
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f)

DATE	FROM	TO	NUMBER	TOTAL HOURS
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g)

DATE	FROM	TO	NUMBER	TOTAL HOURS
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h)

DATE	FROM	TO	NUMBER	TOTAL HOURS
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l)

DATE	FROM	TO	NUMBER	TOTAL HOURS
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(2). Cont.

- (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.

(3). 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.

(4). Disputes: 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.

(5). 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.

Prepayment is required for all new accounts.

(6). Bank Reference:

Bank Name: _____ Type of Account: _____ Account Number: _____

(7). Credit Card Reference (attach copy):

Credit Card Type: _____ Account Number: _____

(8). 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: _____

Phone Number: _____

Fax Number: _____

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

Date

EXHIBIT A

The new rates for Fire Detail billings goes into effect on invoices dated July 1, 2021, are as follows:

Firefighter	86.78
Lieutenant	95.57
Captain	104.26
Rescue Tech.	91.12
Rescue Tech – Lieutenant	95.57
Fire Alarm Tech.	66.00

Vehicle rates:

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

These rates may change without notice, at the time of your request please verify billing rates.

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

Revised 7/9/2021