

# PROVIDENCE FIRE DETAIL AGREEMENT

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

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**(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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i) 

DATE	FROM	TO	NUMBER	TOTAL HOURS
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**(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, 2013 are as follows:

Firefighter	70.54
Lieutenant	77.69
Captain	84.74
Rescue Tech.	76.41
Rescue Tech – Lieutenant	79.94
Fire Alarm Tech.	57.07

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 7/26/13