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- Four (4) hours minimum per officer.
- Any time worked in any part of one-half (1/2) hour from the start of detail shall be considered one (1) full half (1/2) hour
- Double time shall be charged for: Thanksgiving Day Eve, Thanksgiving Day, Christmas Eve, Christmas Day, New Year's Eve, New Year's Day, Holy Saturday, Easter Sunday. Holiday pay will be in effect from 12:01am on the day of the holiday until 8:00am on the day following the holiday.
- If an arrest is made during detail and is related to said detail, time for processing said arrest shall be included in the billing for the detail.
- 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 3:00PM, Monday through Friday (excepting Holidays). If cancellation is not received, a four (4) hour minimum for each of the requested detail officers shall be billed and owed from the company, agency or individual that 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, Providence City Hall, 25 Dorrance Street, Providence, RI 02903, (401) 421-7740, extension 277, within thirty (30) days of invoice date. **Payment by company checks, money orders and certified bank checks only.** **Prepayment is required for all new accounts.** Interest at eighteen percent (18%) 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 References:**

Bank Name:	Type of Account:	Account Number:
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(7) **Credit Card Reference (attach copy):**

Credit Card Type:	Account: Number:	Expiration Date
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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: \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_

Company Address: \_\_\_\_\_

Billing Address  
(if different) \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Accepted:

\_\_\_\_\_  
Sergeant Michael Martinous, Police Detail Office  
Providence Police Department

\_\_\_\_\_  
Date

## EXHIBIT A

### FIRE DETAIL FEES (a/o 8/72007)

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#### ***Personnel***

Firefighter	\$45.63
Lieutenant	\$50.25
Captain	\$54.81
Rescue Tech	\$50.67
Rescue Tech - Lieutenant	\$53.00
Fire Alarm Tech	\$51.70

#### ***Vehicles***

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

All of the above are the hourly rates. 4 hour minimum

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

#### **HOLIDAY PAY:**

Private details on Thanksgiving Eve, Thanksgiving Day, Christmas Eve, Christmas Day, New Year's Eve, New Year's Day, Holy Saturday and Easter Sunday shall be compensated for at double the regular rate for detail pay. The holiday will be considered to commence at 12:01am on the day of the holiday up to 8:00am on the day following the holiday. As illustrative of the foregoing, Christmas Eve will be considered as beginning 12:01am on December 24<sup>th</sup> and ending 8:00am on December 25<sup>th</sup>; Christmas Day will be considered as beginning 12:01am on December 25<sup>th</sup> and ending 8:00am on December 26<sup>th</sup>.

#### **ACKNOWLEDGEMENT OF FEES:**

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Accepted:

\_\_\_\_\_  
Fire Marshall Anthony J. DiGuilio  
Providence Fire Department

\_\_\_\_\_  
Date