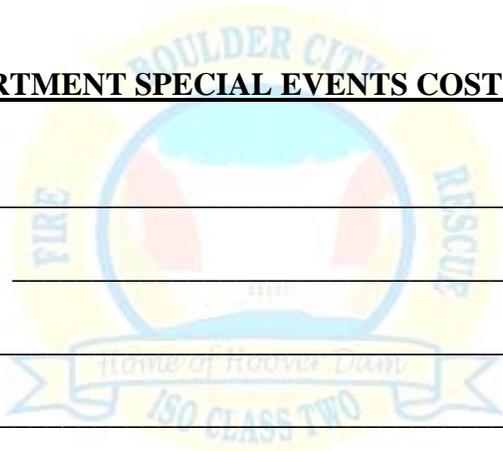


FIRE DEPARTMENT SPECIAL EVENTS COST AGREEMENT



NAME OF EVENT: _____

EVENT LOCATION: _____

DATE (S): _____

HOUR (S): _____

NAME OF CONTACT PERSON: _____

ADDRESS: _____

PHONE: _____ **FAX:** _____

CELL PHONE: _____ **OTHER:** _____

BILL TO: _____

ADDRESS: _____

CITY/STATE/ZIP _____

RESOURCES REQUESTED:

RESCUE/AMBULANCE: 2 Man Paramedic Rescue - \$220.00 Per Hr

FIRE ENGINE/AERIAL TRUCK: 2 Man Paramedic Rescue 380.00 Per Hr

EXTRA PERSONNEL ONLY: Firefighter/Paramedic/EMT \$60.00 Per Hr

SPECIALIZED EQUIPMENT: _____

TOTAL COSTS OF SERVICES PROVIDED: _____

Event Representative

Date

Boulder City Fire Department Representative

Date