



**COUNTY OF LOS ANGELES FIRE DEPARTMENT**  
**Financial Management Division (FMD)**  
 5801 S. Eastern Avenue, #110, Commerce, CA 90040  
 Telephone (323) 838-2323 Fax (323) 869-0729

FORM 24

## FIRE SAFETY OFFICER (FSO) SERVICES AGREEMENT

PAYER/CUSTOMER: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

ATTENTION: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

It has been determined by the Consolidated Fire Protection District, per Fire Code 403.4, that your event requires the services of a Fire Safety Officer (FSO) at the location listed below:

LOCATION: \_\_\_\_\_

TYPE OF EVENT: \_\_\_\_\_

Date(s)	Start Time	Finish Time	Total Billable Hours

Said District hereby agrees to furnish, and Payer/Customer hereby agrees to accept and pay for, the requisite services of a Fire Safety Officer, subject to the following terms and conditions:

- Said event/activity will require approximately \_\_\_\_\_ hours of service by a Fire Safety Officer, to be provided at an hourly rate of **\$215.47** per hour, which totals \$\_\_\_\_\_ .
- In the event additional hours of Fire Safety Officer services are required by the length and/or nature of the event/activity, such additional services shall be provided by the District at the same hourly rate(s) as aforesaid; in the event fewer hours of FSO services are required by the length and nature of the event, a refund will be issued within sixty days upon written request to the Financial Management Division.
- Said District or Department shall bill for the aforesaid services by invoice at the address specified above.
- Said Payer/Customer shall remit the full sum due and owing within thirty (30) days of invoice date.
- Said customer if determined by the FSO shall demonstrate their viability to pay for the FSO services, 50% or \$\_\_\_\_\_, shall be remitted to the Los Angeles County Fire Department, Financial Management Division (FMD) at 5801 S. Eastern Avenue, CA 90040, 10 days prior to the event.
- Failure to remit payment in full on or before your payment due date will result in referral of your account to the Los Angeles County Treasurer and Tax Collector, or a private collection agency to recover all charges due.

\_\_\_\_\_  
 Signature of Payer/Customer Print Name and Title of Payer/Customer Date  
*(If authorized representative, give title)*

\_\_\_\_\_  
 Signature of Fire Department Representative Print Name and Title of Fire Department Representative Date

\_\_\_\_\_  
 Signature of Captain Signature of Battalion Chief Date