



COUNTY OF LOS ANGELES FIRE DEPARTMENT FIRE PREVENTION DIVISION

5823 Rickenbacker Road, Commerce, CA 90040
Telephone (323) 890-4132 Fax (323) 890-4169

FORM 24
11/1/05

FIRE SAFETY OFFICER SERVICE AGREEMENT

CUSTOMER: _____ TAX ID/SS# _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ATTENTION: _____

TELEPHONE: _____ LACOFD RECEIPT # _____

It has been determined by the Consolidated Fire Protection District, per Fire Code 1109.11, that your event requires the services of a Fire Safety Officer at the location listed below:

LOCATION: _____

TYPE OF EVENT: _____

DATE(S)	EVENT START TIME	EVENT FINISH TIME	TOTAL BILLABLE HOURS

Said District hereby agrees to furnish, and 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 Fire Safety Officer Service, to be provided at an hourly rate of \$ _____ 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 shall bill for the aforesaid services by invoice at the address specified above.
- Said shall remit the full sum due and owing within thirty (30) days of invoice date.
- Said customer if determined by the FSO, can't 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 Ave., CA 90040, 10 days prior to the event.

Print Name and Title of Payee _____ Signature (Applicant) _____ Date _____

Print Name and Title of Department _____ Signature (District) _____ Date _____
(District) Representative