**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:

1. Said event/activity will require approximately _____ hours of service by a Fire Safety Officer, to be provided at an hourly rate of **$201.82** per hour, which totals $_____ .

2. 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.

3. Said District or Department shall bill for the aforesaid services by invoice at the address specified above.

4. Said Payer/Customer shall remit the full sum due and owing within thirty (30) days of invoice date.

5. 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.

6. 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 Treasure and Tax Collector, or a private collection agency to recover all charges due.

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

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

Signature of Captain
Signature of Battalion Chief
Date