

# PROVIDENCE FIRE DETAIL AGREEMENT

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**(1). Request for detail services (description):**

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**(2). Requested Number of firefighters and hours:**

a)	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	DATE	FROM	TO	NUMBER	TOTAL HOURS
b)	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	DATE	FROM	TO	NUMBER	TOTAL HOURS
c)	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	DATE	FROM	TO	NUMBER	TOTAL HOURS
d)	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	DATE	FROM	TO	NUMBER	TOTAL HOURS
e)	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	DATE	FROM	TO	NUMBER	TOTAL HOURS
f)	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	DATE	FROM	TO	NUMBER	TOTAL HOURS
g)	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	DATE	FROM	TO	NUMBER	TOTAL HOURS
h)	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	DATE	FROM	TO	NUMBER	TOTAL HOURS
i)	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	DATE	FROM	TO	NUMBER	TOTAL HOURS

**(2). Cont.**

- (a). Four (4) hours minimum per firefighter.
- (b). Any time worked in any part of one-half (1/2) hour from the start of the detail shall be considered one (1) full half (1/2) hour.
- (c). Double time shall be charged for: Thanksgiving Day, Christmas Eve, Christmas Day, New Year's Eve, New Year's Day, and Easter Sunday.
- (d). 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, or (pfddetails@providenceri.gov) **twelve (12) business hours** prior to commencement of requested detail. The detail office is open from 7:30AM to 4:30 PM, Monday through Friday (excepting Holidays). If cancellation is not received, a four (4) hour minimum for each of the requested detail firefighter shall be billed and owed from the company, agency, or individual which 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, 797 Westminister St 2<sup>nd</sup> Floor, Providence RI 02903 (401) 458-4198 ext. 11534, within thirty (30) days of invoice date. Interest at eighteen (18 %) percent 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 Reference:**

<u>Bank Name:</u>	<u>Type of Account:</u>	<u>Account Number:</u>
_____	_____	_____

**(7). Credit Card Reference (attach copy):**

<u>Credit Card Type:</u>	<u>Account Number:</u>
_____	_____

**(8). Complete Billing Address:**

*Company or Agency Name (if applicable):* \_\_\_\_\_

*Owner's Name or Individual (if not a company, copy of license):* \_\_\_\_\_

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

*Billing Address (if different from above):* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Federal Tax ID #* \_\_\_\_\_  
*Contact Person:* \_\_\_\_\_

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

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

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

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

\_\_\_\_\_  
*Date*

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

*Accepted:*

\_\_\_\_\_  
*Fire Marshal David Costa*

\_\_\_\_\_  
*Date*

## **EXHIBIT A**

The new rates for Fire Detail billings goes into effect on invoices dated July 1, 2022, are as follows:

Firefighter	90.25
Lieutenant	99.39
Captain	108.43
Rescue Tech.	94.76
Rescue Tech – Lieutenant	99.39
Fire Alarm Tech.	67.65

Vehicle rates:

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

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