San Francisco Fire Department
Division of Fire Prevention & Investigation

To: Fire Marshal, San Francisco Fire Department
Subject: Service and Overtime Request Agreement

PHONE: (628) 652-3260
EMAIL: firebfpwo@sfgov.org

I hereby request the services of the San Francisco Fire Department and agree to the following terms: 2019 San Francisco Fire Code Sections: 103.4 - Liability; 1.1.2.1 - Promotion of General Welfare; 104.1 - General; 107.1 - Inspection Authority (FIVE DAY ADVANCE NOTICE REQUESTED); 105.1.1 - Permits Required; Table 106.A – Operational Permit Fee; 106.2 – Operational Permit Filing Fees; 102.9 Matters Not Provided For; 3107.17 Standby Personnel; 106.10 – Overtime Fee (PAYMENT SHALL BE IN ADVANCE); 103.4.1 – Legal Defense. The San Francisco Fire Department will make every effort to comply in good faith with this contract but shall be free from liability for acts performed under any of its provisions or by reason of any act or omission in the performance of official duties in connection therewith.

**Please Print the Following Information**

Contact Person: __________________________________________________________

Last Name  First Name  Title  Business Phone

__________________________________________________

Business Name  Fax Phone

__________________________________________________

Business Address  Suite  Job Phone

__________________________________________________

City  State  Zip Code  Email

CANCELLATION OF REQUEST MUST BE MADE A MINIMUM OF 24 HOURS IN ADVANCE. IF LESS THAN 24 HOURS, A 4-HOUR MINIMUM FEE ($572.00) MAY BE FORFEITED. GENERALLY, BEFORE AND AFTER HOURS OVERTIME CAN BE SCHEDULED NO LATER THAN 6:00 A.M. AND NO EARLIER THAN 6:00 P.M. (EXCEPT ON WEEKENDS AND HOLIDAYS).

Day  Event Date  Event Address

Check one: □ a.m.  □ p.m.

Start Time (USE MILITARY TIME)  End Time  # of Hours (Hourly Rate: $143.00)  DBI Permit / Application Number(s)

(Minimum: 4 hours or $572.00)

Signature: ____________________________________________  Date:________________________

FIRE DEPARTMENT USE ONLY

Check one:

□ L/S  □ P/A  □ Plan Check  □ Street Fair  □ Pyro  □ City Paid (OT)  □ Other  ____________________________

Check / CC Ref. Number  Received by / Date

________________________  __________________________

SFFD Receipt Number  Amount Paid

ASSIGNED PERSONNEL:

1. ____________________________  2. ____________________________  3. ____________________________  4. ____________________________

HRMS: ____________________________

Time Roll: ____________________________

Date: ____________________________

First Advertised Date: ____________  □ AM  □ PM  □ AM  □ PM  First Notified Date: ____________  □ AM  □ PM
