



PUBLIC SAFETY BLDG.
81 MAIN STREET ZIP CODE 13820

BUREAU OF FIRE

PHONE: 607-433-3480
FAX: 607-433-3474

Services Request Form

Event: _____

- If multiple events are being scheduled please use next page.

Event Date(s) _____ **Coverage request Time(s):** _____

Organization _____

Contact Name and Phone: _____

Bill to: _____

Level of Service: Check all that Apply

Unless otherwise noted all coverage starts at a two hour minimum. You will be billed the minimum or the actual hours if over 2.

EMS and EMS standby

___ 1 staff member with basic equipment for the potential of minor injuries with direct communication with the Oneonta Fire Department if transport is needed. \$50.00/hr.

___ 2 staff members and Advanced Life Support equipment for on-site EMS \$125.00/hr.

___ # of additional staff member(s) requested or as mandated by OFD \$50.00/hr. each

___# of Bike Team EMS staff members requested or as mandated by OFD \$75.00/hr. each (2 minimum)

Fire Equipment Standby

___ 1 Fire Engine and 2 staff \$150.00/hr.

___ # of additional staff member(s) requested or as mandated by OFD due to the size and scope of the event \$50.00/hr. each

Emergency Management and Special Needs

___ Command staff and equipment 2 staff member minimum \$100.00/hr.

___ Incident Action Plan (IAP) for large events \$250.00 includes preparation meeting

___ IAP additional meetings \$50.00/hr. 1 hour minimum

___ Fireworks Permitting \$250.00/event Separate permit required for each site/display

___ Safety Zone setup \$50.00 Included 1000feet of safety tape. \$20.00/ additional roll

___ ATV and/or specialized equipment \$75/hr. includes operator. **OFD reserves right to staffing.**

This form must be submitted to the Fire Chief no later than 45 days prior to scheduled event. Services will be billed by the City of Oneonta Finance Department. Payment must be received 5 business days prior to scheduled event. Billing will be based on minimum or requested coverage time whichever is greater. Extended coverage on the day of the event will result in a supplemental bill. Events ending prior to the requested times will not result in a refund. All EMS transports and evaluations will be billed to the patient as per normal billing procedures.

Fire Chief

Approval _____ **Date** _____



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Services Request Form Multiple Event Page

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