



LOS ANGELES FIRE DEPARTMENT
FIRE PREVENTION BUREAU
AUTHORIZATION FOR UNIFORM FIRE SAFETY OFFICER HIRES
FILM/SPECIAL EVENTS -- DIRECT PRE-PAYMENT

Uniform Safety Hire Number

FOR CUSTOMER USE ONLY

The following film/special events has been scheduled:

- | | | | | |
|--------------------------------------|---|---|--|---|
| <input type="checkbox"/> A. Filming | <input type="checkbox"/> D. Circus | <input type="checkbox"/> G. Events within tents | <input type="checkbox"/> J. Helicopter Landings | <input type="checkbox"/> M. Parties i.e.Premieres |
| <input type="checkbox"/> B. Exhibits | <input type="checkbox"/> E. Firework Displays | <input type="checkbox"/> H. LAUSD Events | <input type="checkbox"/> K. Events w/open flames | <input type="checkbox"/> N. Other: _____ |
| <input type="checkbox"/> C. Shows | <input type="checkbox"/> F. Carnivals | <input type="checkbox"/> I. Church Revivals | <input type="checkbox"/> L. Outdoor Special Events | |

Requestor (Name): _____

Company (Name): _____

Address: _____

City, State/Zip: _____ Phone: _____

I hereby request that a Fire Department Inspector perform a uniform safety hire for:

Site Address: _____

Event Name: _____

No.of Inspectors Authorized: _____

on (Date)_____ at (Time)_____ or a time to be scheduled at a later date.

FOUR HOUR MINIMUM CHARGE

I agree to pay a fee of **\$256.00** for the first **four (4) hours** or any fraction of that period, and a fee of **\$64.00** per hour thereafter to cover the estimated costs for this uniform safety hire prior to obtaining a permit. I further agree to be billed or pay through the credit card on file any underpayment based on actual costs. A Claimant has one (1) year from date of service to request a refund of overpayment.

Print Name: _____ Authorizing Signature: _____ Date: _____

FOR FIRE PREVENTION BUREAU USE ONLY

Division / Unit Number _____

Inspector Name: _____ (Signature) _____

Inspector Phone Number: _____

From _____ To: _____
(Date/Time) (Date/Time)

Estimated Costs (Pre-payment)			
No. of Hours	Rate	No. of Inspectors	Total
	\$64		
Total Estimated Costs			

FOR ACCOUNTING USE ONLY

Pre-Payment Information

Pre-Payment Received on: _____

(Please Check)

Cash _____

Check _____

Credit Card _____

For billing questions/payments,please call:

Carla Saturno (213)978-3471 carla.saturno@lacity.org

Elaine Tagle (213)978-3458 joan.tagle@lacity.org

Dawit Gebremeskel (213)978-3449 dawit.gremeskel@lacity.org

(Make Check payable to City of Los Angeles)

Fax No. (213)-978-3414 or 3413

Actual Costs			
No. of Hours	Rate	No. of Inspectors	Total
	\$64		
Total Actual Costs			

Credit Card No. _____
Expiration Date _____
Cardholder's Name _____
Signature _____
Phone No. _____

Dept.Revenue Codes:
3883-01 (Filming) _____
3883-02 (Public Assemblage) _____
3883-03 (Schools,Churches,Inst.) _____
3883-04 (Industrial/Commercial) _____
3883-05 (Technical) _____
3883-06 (Research & Legal) _____
3883-07 (Valley) _____

RE No. _____

Date Invoiced _____

RF No. _____

Date Refunded _____

Under / (Over) Payment

For billing	
For Refund	

FOR LAFD FILM UNIT BILLING INFORMATION

Please Fax to (213) 978-3613

Additional Information (Size of cast and crew/generator, any other special information)

[illegible]