STRUCTURE FIRE DEPT. (SFD) FIRE APPARATUS RENTAL		 AREA OFFICE (Name and Address) POINT OF HIRE 		2. AGREEMENT NUMBER (This Number Must Appear on All Papers To This Agreement). 4. EFFECTIVE DATES	
AGREEMENT		5. FOINT OF HIRE			
5. COOPERATOR'S TELEPHONE NO.				a. BEGINNING	b. ENDING
a. DAY	b. NIGHT	6. COOPERATOR (Name and Address)			
8. SSN/FEDERAL TAX I.D. NO.		-		7. PREPARED BY	
9. ITEM DESCRIPTION (include type, make, model, year, serial number, and accessories)		10. # OF PERSONNEL	11. HOURLY RATE*	12. DAILY RATE**	12a. DOUBLE- CREWED DAILY RATE**
a.					
b.					
c.					
d.					
е.					
 13. SPECIAL PROVISIONS * Hourly Rate paid for first and last shift hired ** Daily Rate paid for all but first and last shift hired 					
Cooperator certifies that they have read the latest version of the "Cooperator Rental of Fire Apparatus Terms of Hire, Typing and Rates" (Form 10-2197b)					
14. COOPERATOR'S SIGNATURE		15. DATE	16. FORESTRY (OFFICER'S SIGNA	TURE 17. DATE
18. PRINTED NAME AND TITLE			19. PRINTED NAME AND TITLE		

FORM 10-2193b (MS Word) Revised March 2006