



Application for Extra Duty (EMS) Standby / Fire Inspections

Business / Organization: _____

Address: _____

City: _____ State: _____ Zip _____ Phone: _____

Fax: _____

Contact Name: _____

24-Hour Phone: _____ E-mail: _____

Service must be scheduled at least two weeks prior to start date. If you need to reschedule please give a 48 hour advance notice prior to date of service.

Type of Service Requested: EMS Standby Fire Inspection

Date of Service: _____ Start Time: _____ End Time: _____

Place of Service: _____

Address: _____

Fees:

Extra Duty (EMS) Standby \$ _____ (\$125 per hour/4 hour minimum = \$500 minimum)

After hours Fire Inspection \$ _____ (\$76 per hour/4 hour minimum = \$304 minimum)

Please submit application and payment to:

City of Mason Municipal Center
Customer Service Counter
6000 Mason-Montgomery Road,
Mason, Ohio 45040

Payment can be cash, check, Visa or MasterCard. To pay by phone with a credit card please call the Customer Service Counter at 513-229-8500 and fax application to 513-229-8521

Applicant Signature: _____ Date: _____
(print and sign name)

To be completed by Fire Department

Date Received: _____ Assigned Unit Day _____

Assigned Crew: _____ Assigned Equipment: _____

Approved by Fire Chief (or designee) _____

