



**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:

- |             |                      |                        |                           |                          |
|-------------|----------------------|------------------------|---------------------------|--------------------------|
| A. Filming  | D. Circus            | G. Events within tents | J. Helicopter Landings    | M. Parties i.e.Premieres |
| B. Exhibits | E. Firework Displays | H. LAUSD Events        | K. Events w/open flames   | N. Other: _____          |
| C. Shows    | F. Carnivals         | I. Church Revivals     | 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 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 |                  |       |
|                                 |      |                  |       |
|                                 |      |                  |       |
|                                 |      |                  |       |
| <b>Total Estimated Costs</b>    |      |                  |       |

**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 |                  |       |
|                           |      |                  |       |
|                           |      |                  |       |
|                           |      |                  |       |
| <b>Total Actual Costs</b> |      |                  |       |

**Dept.Revenue Codes:**

Credit Card No. \_\_\_\_\_ 3883-01 (Filming) \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3883-02 (Public Assemblage) \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ 3883-03 (Schools,Churches,Inst.) \_\_\_\_\_

Signature \_\_\_\_\_ 3883-04 (Industrial/Commercial) \_\_\_\_\_

Phone No. \_\_\_\_\_ 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             |  |

