



# ST. JOHNS COUNTY FIRE RESCUE

## Events Coverage / Fire Watch

3657 Gaines Road - St. Augustine, FL 32084

Phone: 904-209-1740 Fax: 904-209-1737

Location Name \_\_\_\_\_

Name of Event \_\_\_\_\_

Event Address \_\_\_\_\_

Owner \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail Address

Date of Event  Start Time: \_\_\_\_\_ Stop Time: \_\_\_\_\_ **(ADD 1 hour for travel time)**

*Our crew that comes for the fire watch will be contacting this person on-site, so please make sure this is the person who will be at the event.*

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Description	Actual & Travel Time =	Min Fee	Total Fee
Fire Engine and (3) Firefighters	<input type="text"/>	\$165.00 per hour (minimum 3 hr)	<input type="text"/>
Ambulance and (2) Paramedics	<input type="text"/>	\$165.00 per hour (minimum 3hr)	<input type="text"/>
Specialized Rescue Unit with 2 Firefighters & Equipment	<input type="text"/>	\$110.00 per hour (minimum 3 hr)	<input type="text"/>
Inspector/Investigator	<input type="text"/>	\$65.00 per hour (minimum 3 hr)	<input type="text"/>

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Signature/Date \_\_\_\_\_

**OFFICIAL USE ONLY**

APPROVED \_\_\_\_\_ REJECTED \_\_\_\_\_ OT # \_\_\_\_\_ PERMIT # \_\_\_\_\_ ID \_\_\_\_\_

Referred to Non- Emergency Provider \_\_\_\_\_

\_\_\_\_\_  
Signature of Fire Chief/ Date \_\_\_\_\_ Events Officer \_\_\_\_\_