



Town of Andover Andover Fire Rescue



32 North Main Street
Andover, MA 01810

Tel: 978-475-1281 ext: 2004 or 2001

Fax: 978-475-6654

Request for Fire Watch Detail

(This form must be returned 14 days prior to the event)

DETAIL INFORMATION:

Today's Date: _____

Person Requesting Detail: _____ Phone Number: _____

On-Site Contact Name: _____ Phone Number: _____

Type of Detail: _____ (e.g. EMT, Fire Watch, Welding, Blasting, Fireworks)

Location of Detail: _____ (address & area of building)

Number of Firefighters: _____ Ambulance Required: Yes No

Day of Week	Date of Detail	Number of People Expected	Start Time (¹ / ₂ hr before show start time)	Approx. End Time	Total Hours

BILLING INFORMATION:

Company Name: _____

Company Street Address: _____

Town/City: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone Number: _____

Email Address: _____

Detail Guidelines:

- ❖ Detail rate of \$55.00 per hour applies to all firefighters/EMTs working details.
- ❖ Firefighters receive a minimum of four (4) hours pay (\$220.00).
- ❖ If the detail goes beyond four (4) hours, but is less than eight (8) hours, each firefighter will receive eight (8) hours of pay (\$440.00).
- ❖ Firefighters receive time and one half the detail rate (\$82.50) for all time over eight (8) hours.
- ❖ Payment is required before the date of the detail. You will be billed for any overages. If a detail is canceled at least twenty-four (24) hours in advance of the detail a refund will be issued.
- ❖ To cancel a detail call 978-475-1281 ext 0 and speak to dispatch.