

**MANCHESTER FIRE DEPARTMENT**

**Eighth Utilities District**

**FIRE MARSHAL'S OFFICE**

**FIREWATCH RECEIPT**

Location: \_\_\_\_\_

Date/s: Beginning \_\_\_\_\_ Time: \_\_\_\_\_

Ending: \_\_\_\_\_ Time: \_\_\_\_\_

# of Fire Fighters needed: \_\_\_\_\_ # of Fire Apparatus needed: \_\_\_\_\_

Total # of Hours: \_\_\_\_\_

I have been given a copy of the Eighth Utilities District Fire Watch Policy (2013) and understand it as presented. I agree to pay all required fees. If it is necessary to extend the fire watch beyond the above determined time, I agree to pay the fee for that coverage at the same policy rate.

\_\_\_\_\_  
*Name of Responsible Party (Please Print)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**BILLING INFORMATION:**

\_\_\_\_\_  
*Billing Address; (Street)*

\_\_\_\_\_  
*(City)*

\_\_\_\_\_  
*(State)*

\_\_\_\_\_  
*(Zip Code)*

\_\_\_\_\_  
*Accounts Payable Contact*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*E-Mail Address*

For questions on billing, call 860-643-6587

Checks shall be made out to the EIGHTH UTILITIES DISTRICT.

18 Main Street, Manchester, CT. 06042