



CITY OF BOSTON  
FIRE DEPARTMENT  
FIRE ALARM DIVISION

Phone: 617-343-2875



Off Hour Field Inspection Request Form

Inspection Address: \_\_\_\_\_ Zip: \_\_\_\_\_ BDA Permit # \_\_\_\_\_  
Name of Bldg (if applicable): \_\_\_\_\_

*Applicant*  
Name: \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address: \_\_\_\_\_ Email \_\_\_\_\_  
Representing: \_\_\_\_\_  
(Company/Organization) (Address)

**I would like to request an Off Hour Field Inspection requiring Boston Fire Department Communications Technicians for:**  
Reason for Request: \_\_\_\_\_  
On: \_\_\_\_\_ Commencing at: \_\_\_\_\_ For: \_\_\_\_\_  
(Date) (Hour) (# of Hours)

(Rate per Hour information is to be filled out by member of BFD)

Minimum 4 hour period is based on the current agreement between Local 71 8 IAFF and the City of Boston. Holiday rate is double-time. Payment is due by company or certified check or money order only, payable to the City of Boston.

Name	Rank	ID#
_____	_____	_____
_____	_____	_____
_____	_____	_____

**A 10% ADMINISTRATION FEE WILL BE ADDED TO THE TOTAL. INVOICE WILL BE MAILED TO VENDOR**

X \_\_\_\_\_  
Applicant's Signature Date Member in Charge Date

\_\_\_\_\_   
Radio Supervisor Date Superintendent Date

*For BFD Use Only*  
Check One: Test Passed:  Test Failed:  (Specify Below)  
Comments: \_\_\_\_\_