

WAYLAND FIRE DEPARTMENT PRIVATE DETAIL REQUEST

Date:		
Person/Firm Requesting Detail:	-	
Contact Name:		
Contact Email:		
Telephone Number:		
Billing Address:		
Reason for Detail (e.g., blasting,	velding, EMS standby, etc.):	
Address/Location of Private Deta	il Request:	
Total Number of Hours Requeste	d (4 hours minimum):	
Please note the following requi	ements:	
· · · · · · · · · · · · · · · · · · ·	I rate is \$55.00 per hour with a four hour minimum Monday through Sat holidays is \$60.00 per hour with a four hour minimum.	:urday
•	nceled, a 24 hour notice is required. Contact the Wayland Fire Department to speak with the duty officer.	ent at
	will be forwarded to the address you provide above. Payment by check Vayland – Fire Department Detail is required within 30 days of the detail	il.
I understand and agree to comp	with the above requirements.	
Signature of Person Requesting	ne Detail Date	

Updated: 09.14.23