



**CITY OF NEWTON
FIRE DEPARTMENT**
116 West "A" Street, Newton, NC 28658
Phone: (828) 695-4314 Fax: (828) 465-7453
PRODUCT RELEASE REIMBURSEMENT SCHEDULE



PLEASE PRINT

Business Name: _____ Date: _____

Business Owner: _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Description of Product: _____

The City of Newton Fire Department shall seek reimbursement for any related costs and fees that are incurred by the City for any extraordinary service, including, but not limited to, the City's actual cost of labor and materials associated with the use of any specialized extinguishing or abatement agent, chemical neutralizer or similar equipment or material that is employed to extinguish, confine, neutralize, contain, or mitigate any material that is or may be involved in a fire, accidental spill, or the threat of any accidental spill or fire.

Hours	Quantity	Apparatus/Type	Hourly Rate	Total
			91.00	
			91.00	
			91.00	
			91.00	
			91.00	
			91.00	

Hours	Quantity	Number of Personnel/Type	Hourly Rate	Total
			25.00	
			25.00	
			25.00	
			25.00	
			25.00	
			25.00	

Quantity	Equipment/Materials Used	Replacement Cost	Total
	Absorbent		
	Plug Pattie		
	Tyvek Suits		
	Spill Kits		
	Containment Pools		
	Large Pigs		
	Small Pigs		
	Absorbent Booms		
	Absorbent Pads		
	Bales of Straw		
	AFFF Foam		
	Wire Mesh		
	Steel Rebar		
	Water		

REIMBURSEMENT TOTAL OWED TO CITY

DATE _____ INCIDENT # _____ LOG BOOK _____

I.C. _____ MEMBER MAKING REPORT _____