

RESOLUTION 2012-01

WHEREAS, the City of Lexington, Nebraska and the Lexington Volunteer Fire Department have by Resolution 03-15, authorized and established a plan to charge and collect fees for the performance of fire and rescue services, and for the use of fire and rescue equipment; and

WHEREAS, it is in the best interest of the City of Lexington, Nebraska and the Lexington Volunteer Fire Department to continue the established plan;

BE IT THEREFORE RESOLVED, by the Mayor and Council of the City of Lexington, Nebraska, that the established plan for charge and collection of fees for fire and rescue services, and for the use of fire and rescue equipment of the Lexington Volunteer Fire Department is hereby authorized to continue for an additional twelve month period.

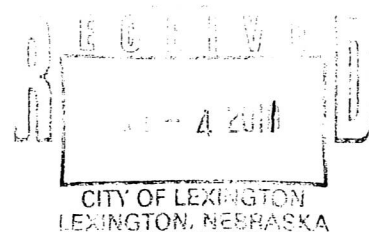
BE IT FURTHER RESOLVED, that effective _____, 2012, the fees collected for such service shall be according to the schedule attached hereto.

Passed and approved _____, 2012.

John Fagot, Mayor

ATTEST:

City Clerk



SQUAD NAME **Lexington Volunteer Fire Dept.**

Please circle below the rates you would like to charge, and sign the form at the bottom. If you choose, you may write in the rates that you prefer. Also, please indicate whether you would like to charge for those instances when you respond to a call but do not transport by indicating Yes/No on that line. Those instances will need to be clearly marked as "response, no transport" in your documentation. If your current rates are above the proposed rates they will remain the same.

LEVEL OF SERVICE	COLUMN A	COLUMN B	WRITE IN
BLS Non-Emergency Base	425.00	430.00	_____
BLS Emergency Base	470.00	575.00	_____
ALS Non-Emergency Base	500.00	685.00	_____
ALS Emergency Level 1	575.00	715.00	_____
ALS Emergency Level 2	730.00	760.00	_____
Mileage	13.00	14.00	_____
Responded, No Transport (Optional)	100.00	150.00	___ Yes ___ No

Are the rates for your ambulance service / rescue squad set by ordinance? ___ Yes No
(If yes, send us a copy of the ordinance.)

ACCEPT

Your signature here indicates you reviewed and accept the rates above.


 AUTHORIZED SIGNATURE

1/27/2011
 DATE

EFFECTIVE DATE: February 1, 2011 (NEW RATES EFFECTIVE AT THE START OF A GIVEN MONTH)

DECLINE

Your signature here acknowledge the receipt of these proposed rates and indicates you are refusing the rate increase at this time.

 AUTHORIZED SIGNATURE

 DATE

RATES THAT MAY BE CHARGED BY THE LEXINGTON FIRE DEPARTMENT

A. Response vehicles: charges will be made to the closest 1/4 hr. Charges include personnel costs. Mileage will be charged at \$8.00 per mile per vehicle.

1.	Pumper truck	\$500.00/hr
2.	Tanker truck	\$350.00/hr
3.	Grass Rig	\$150.00/hr
4.	Aerial ladder truck	\$750.00/hr
5.	Utility truck	\$200.00/hr
6.	Rescue Unit	\$250.00/hr
7.	Quick attack truck	\$250.00/hr

B. Equipment charges:

1.	Jaws of Life	\$250.00
2.	Power saw	\$75.00
3.	Hydraulic jack/chisels	\$75.00
4.	Cribbing Blocks	\$10.00
5.	Wenches	\$10.00
6.	Air Bags	\$50.00
7.	High Lift Jack	\$20.00
8.	Scuba dive equipment	\$100.00
9.	Other _____	\$ _____
	_____	\$ _____

C. Supplies:

1.	Safety flares	\$10.00 each
2.	Class A foam	\$95.00 per five gallon
3.	Class AFFF foam	\$165.00 per five gallon
4.	Absorbent Pads	\$15.00 each
5.	Absorbent material	\$15.00 per bag
6.	Salvage Covers	\$60.00 each
7.	Floor Dry	\$10.00 per bag
8.	Other	
	a. _____	\$ _____
	b. _____	\$ _____
	c. _____	\$ _____

The above rates are hereby approved by the Lexington Rural Fire Board and the City of Lexington and may be used by the Lexington Fire Department for billing for services provided.

Signature: *[Signature]*

Date: 8-12-09

Title: City Manager

Signature: *[Signature]*

Date: 8/19/09

Title: Pres.