

INCIDENT INFORMATION:

Location of Incident: _____

Jurisdiction: _____

Date: _____ Time: _____

DEPARTMENT/AGENCY INFORMATION

Name and Address of Department/Agency Completing This Form:

Contact Person: _____

TOTAL COST (From Previous Page)

Personnel Costs	\$
Itemized Supplies Cost	\$
Operational Charges	\$
Replacement Cost	\$
Total	\$

* Attach Receipts when Applicable

CERTIFICATION:

I certify that the above expenses are actual, or if shown as estimates, are as accurate as possible. The Community of jurisdiction and its legal counsel are authorized to submit this claim to responsible parties for payment in full.

Chief's Signature

Date

EMERGENCY RESPONSE COST
SETTLEMENT AUTHORIZATION

Incident Date: _____

Incident Location: _____

If a settlement in full cannot be reached with the responsible parties, the community of jurisdiction and its legal counsel and/or the Butler County Emergency Management and its legal counsel are authorized to negotiate a settlement of this claim in behalf of my jurisdiction.

Authorizing Signature

Date

RETURN FORMS TO:

Butler County Emergency Management Agency
315 High Street
Hamilton, Ohio 45011

(513) 785-5810 FAX (513)-785-5811

NOTICE

Be prepared to submit copies of the following:

1. Time sheets or time cards of each individual listed.
2. Bills, receipts, or invoices for each item of equipment/supplies used or destroyed.
3. Job descriptions for full, part-time, and volunteer employees.

A: ITEMIZED PERSONNEL COSTS

LAW ENFORCEMENT

Item	*	Total Hours	Hourly Rate	Total	Benefit	Total Cost
Totals						

- * LEGEND
- 1 = 1ST Alarm-Personnel, Subtract 2 hours
 - 2 = Other Responders/Mutual Aid
 - 3 – Called in Personnel

A: ITEMIZED PERSONNEL COSTS

FIRE DEPARTMENT

Item	*	Total Hours	Hourly Rate	Total	Benefit	Total Cost
Totals						

- * LEGEND
- 1 = 1ST Alarm-Personnel, Subtract 2 hours
 - 2 = Other Responders/Mutual Aid
 - 3 – Called in Personnel

