



Lexington Volunteer Fire Department

AGREEMENT

The undersigned does hereby make application to the Lexington Volunteer Fire Department (hereinafter called AFire Department=) for fire protection service on the property described below, said property being located outside the city limits of the City of Lexington. This application is subject to and conditioned upon the terms and provisions herein provided and to any ordinances enacted by the Mayor and Council of the City of Lexington.

WHEREAS, the undersigned lives outside the corporate limits of the City of Lexington and recognizes that the Fire Department is a volunteer organization and that the service offered is subject to the availability of volunteer firemen and available equipment to provide such service. The Fire Department agrees to make every reasonable and diligent effort to respond to fire calls outside the corporate limits; provided, however, the City of Lexington or the Fire Department in no way, means, or manner, guarantees that it will respond to any or all fire calls outside the corporate limits.

The undersigned and the Fire Department acknowledge that all service inside the City of Lexington shall take precedence or priority over any service to those outside the corporate limits. This priority shall include responding to a City call in the event of simultaneous fires within and outside the City and terminating a call, even if a fire is in progress, outside the corporate limits to respond to a fire call within the City. The Chief of the Fire Department or any member of the Fire Department shall be authorized to determine which calls shall receive priority or precedence.

The undersigned recognizes that the City of Lexington has the following equipment for service to respond to fire calls: one ladder truck; one pumper truck; one pumper/tanker truck, and assistance from the Wesley Chapel tanker truck; provided, however, the City of Lexington or the Fire Department in no way guarantees or assume any liability for the condition of the equipment or the manpower available to respond to any call.

The undersigned hereby relieves the City of Lexington and the Fire Department of any and all liability or responsibility for any failure to respond or lack of service for any fire calls or fire that affects the undersigned=s property or improvements and the undersigned shall indemnify the City of Lexington and the Fire Department for any damage or loss because of such failure or lack of service on said property.

The undersigned does further agree that as a condition to receiving this service from the Fire Department the undersigned will maintain a Fire Department Service Rider in effect as part of the undersigned's fire insurance policy under which the insurer shall pay the cost of any charge made for responding to a fire alarm outside the corporate limits. The undersigned agrees to pay the annual fee of \$50.00 for cover home insured by Homeowner's policy. Each additional residence or building requires an additional \$50.00 fee due and payable on July 1 of each year for the benefits accruing to the undersigned by this application. If the fee is not received by July 1, there will be a penalty of an additional \$10.00 a month until paid.

The City of Lexington reserves the right to refuse to accept the application of anyone, which in the opinion of the Chief of the Fire Department is not in the best interest of the City of Lexington or the Fire Department to service.

The undersigned agrees to contact 911 for all fire alarms or fire calls and to request the Lexington Fire Department. Also, please post your 911 address number near the driveway to your property in order to help us identify the physical location.

PAYABLE UPON RECEIPT

Payment to be mailed to City of Lexington Fire Dept., P.O. Box 35, Lexington, GA 30648

Required Information:

SIGNATURE OF APPLICANT _____

Signature Printed _____

911 Address _____

Mailing Address _____

Telephone Number _____ Cell #: _____

How many and which structures are to be covered? _____
(i.e., 2; house and barn @ \$50.00 per structure)

Optional Information:

Name of Insurance Company: _____

Policy No. and Expiration Date: _____

Name of local agent: _____

NOTE: You should call 911 from the above telephone number to advise them that you are on the Lexington Subscription List. Applications without 911 addresses and telephone numbers will not be accepted.

-----Office Use Only-----

-

DATE Application Fee Paid: _____

AMOUNT PAID: _____