

Fire Cooperator Check In Sheet

(Rural, County, City)

Incident Name: RO Number: Jurisdictional Agency:

Cooperator/Agreement Information

*Cooperator Name:
*Specific Firehouse/District:
*Agreement Number:
*Copy of Agreement Included? YES NO
*DUNS:
Replacing a Resource? YES NO
If Yes, which Resource?

Payment Information

*Equipment: *Equipment Rate:
*Personnel: *Personnel Rate:
*Meal Breaks Authorized? YES NO *Rate Guide Applicable? YES NO
*Location of Rate Guide:
Payment Agency for OF-286: *Host Agency:
Billing Agency: Which agencies involved? Identify Payment Flow
*Cooperator need originals?: YES NO
*What originals does Cooperator need? N/A OF-288 OF-286 Shift Tickets CTR's

Host Unit Contact Information

*Full Name:
*Primary Phone: *Alternate Phone:
*Email:
*Website:
*Forest Service G&A Contact/Office: