



# REQUEST FOR SPECIAL SERVICES

EVENT NO:	DEPARTMENT:
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## REQUEST INFORMATION

ACTIVITY/SERVICE DESCRIPTION

EXACT LOCATION (Address, Building, Room)	ANTICIPATED ATTENDANCE
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DATE & TIME REQUESTED	FUNCTION TO BE PERFORMED
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## APPLICANT INFORMATION

APPLICANT NAME	BILLING PARTY NAME
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APPLICANT ADDRESS	BILLING ADDRESS
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CITY	STATE	ZIP	CITY	STATE	ZIP
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EMAIL	PHONE	EMAIL	PHONE
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## AGREEMENT

The Applicant agrees to indemnify, defend, and save harmless the City of Irvine, its agents, and employees (collectively "City") from any and all claims and losses accruing or resulting to any and all contractors, sub-contractors, materialmen, laborers, and any other person, firm, or corporation (collectively "Contractor") furnishing or supplying work, services, materials, or supplies in connection with the performance of this contract, and from any and all claims and losses accruing or resulting to any person, firm, or corporation who may be injured or damaged by the Contractor in the performance of this contract. The Applicant shall provide necessary Workers' Compensation Insurance at Applicant's own cost and expense.

Contractor agrees to maintain liability insurance in amounts satisfactory to the City and to provide the City a certificate designating the City as an additional insured under Applicant's policy. Said certificate shall also provide that said policies of insurance shall not be cancelable except upon 30 days notice to the City.

We understand that we are to be billed at the inspection fee rate, as listed in Section 1.D. of the current fee resolution, per hour of service rendered. Applications for services for less than two hours will not be accepted.

APPLICANT SIGNATURE	AMOUNT OF DEPOSIT	DATED
TITLE	DATE	DEPOSIT WAIVED

<b>FOR OFFICE USE ONLY</b>	
DIRECTOR	DATE