



**CITY OF BLACK DIAMOND**  
Service Agreement

City Assistance required from (department):

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Organization/Person requesting Assistance:

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Event:

Date:

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Please describe the event and what services will be needed:

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The City of Black Diamond agrees to provide these services on the requested date(s). The City of Black Diamond will bill for all services on an hourly basis per the adopted fee schedule. Per contract many city services require a 3 hour minimum billing.

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City Staff Signature, Title

Date

\_\_\_\_\_ agrees to pay for the services the City of Black Diamond is providing.

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Applicant Signature, Title

Date