

Billing Information

To be completed by an authorized department representative only. Please read the instructions below prior to completing this section.

Bill To:

Attention:

Mailing Address:

City:

State:

Zip:

Phone Number:

Email:

Printed Name of Authorized Dept. Rep:

Signature of Authorized Dept. Rep.

Title of Authorized Department Rep.:

The authorized signature is required for insurance purposes. This signifies that the student is covered by the Department's Insurance carrier.

The Fire Department, Police Department, Relief Association, Representing Authority, Student, or whomever has completed and signed the billing information section is responsible for the total course fee, regardless of the student's ability and/or desire to complete the course, and any testing procedures required for the course.

Cancellations: The Franklin County Public Safety Training Center must be notified at least seven days prior to the beginning of a course of any cancellations. Any cancellation received in less than seven days will require payment.

Any questions concerning this form should be directed to:

William Adams

Training Coordinator

FCFCA

717-360-0642

bill21mtd@gmail.com

