

BOARD OF COMMISSIONERS

BIG HORN COUNTY

P.O. BOX 908

HARDIN, MT 59034

(406) 665-9700 E-mail to: pschenderline@bighorncountymt.gov

AGREEMENT

The Big Horn County Ambulance Service agrees to provide stand-by service at a rate of \$ 105.00 per hour on _____, 202_ between the hours of ____ and ____ for the event _____ at the _____

DATE this _____ day of _____, 202_

Contracting agency can be billed for the stand-by service charges at the following address:

I understand that should the invoice not be paid within 30 days, it could be forwarded to collection action. The contracting agency/agent is responsible for all collections fee arising from this services

PO # _____

BOARD OF COMMISSIONERS
BIG HORN COUNTY, MONTANA

Chairman

ATTEST:

Kimberly Yarlott, Clerk and Recorder

By: _____