



Ambulance Standby & Event Request Form

Date of Request: _____ (96 hour notice required)

EVENT INFORMATION
Date(s) of Event _____ Location of Event _____
Name of Event _____
Type of Event _____
Contact Name _____ Phone _____
Day _____ Unit arrival _____ Departure _____ Total Hours _____
Day _____ Unit arrival _____ Departure _____ Total Hours _____
Estimated total attendance at event: # _____
Special Instructions & where Ambulance will stage

BILLING / CONTACT INFORMATION
Name _____ Phone _____
Fax _____ Address _____
City _____ State _____ Zip _____
E-Mail _____

LEVEL OF SERVICE REQUESTED

- Dedicated Ambulance Standby:** One Ambulance with two medical technicians.
- Non-Dedicated Ambulance Standby:** One Ambulance with two medical technicians.
- Request waiver:** Exchange for in kind services of equal value (attach proposal)
- Community Participation:** LifeLine involved in event one-two medical technicians.

- Mail or fax this form to the appropriate location within 96 hours of the event (1) week for larger events.
- Should date and time change, please notify us 24 hours in advance.

Authorized By (**Requestor**) _____ Date: _____

Confirmed By (LifeLine) _____ Date: _____
Location Manager/Assistant

OFFICE USE ONLY Approved: Yes No Type: Dedicated Non-Dedicated
General Managers Approval: _____ Date: _____
Comments: _____
Crews Assigned (day __): _____ Crews Assigned (day __): _____
Crews Assigned (day __): _____ Crews Assigned (day __): _____