# NO-CHARGE AMBULANCE STANDBY SERVICE

Your event must meet the following criteria to be eligible for a no-charge ambulance standby. Please check all that apply to you event:

\_\_\_\_\_ This event is a community event where no tickets are sold, admission charged or for-profit activities held.

\_\_\_\_\_ This event is a community event for the participation of the general public with no commercial sponsor.

Name of group sponsoring event: _____

Name, address and phone number of contact person for the event:

_____

_____

_____

Type of event: _____

Date and time of event: _____

Number of Participants: _____

Location of event or course to be followed:

_____

_____

_____

(attach diagram or map if available)

Street address of event (mandatory for entry into dispatch computer):

_____

_____

Pertinent information to justify need for an ambulance:

_____

_____

_____

Describe type of medical resources or personnel to be present for the event (excluding EMS):

_____

_____

Contact person at event location: _____

Signed by: _____

Date of request: _____

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Please return completed form to:
ESCAMBIA COUNTY EMERGENCY MEDICAL SERVICES
2257 NORTH BAYLEN STREET
PENSACOLA, FL 32501
FAX NUMBER (850) 595-3174