



**Ambulance Standby & Event Request Form**



Date of Request: \_\_\_\_\_ (Requires 48 hour notice)

**EVENT INFORMATION**

Date of Event \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Name of Event \_\_\_\_\_  
Location of Event \_\_\_\_\_  
Type of Event (movie production, football game, rodeo, etc.) \_\_\_\_\_  
Ambulance arrival time \_\_\_\_\_ Ambulance departure time \_\_\_\_\_ Total Hours \_\_\_\_\_  
Special Instructions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BILLING INFORMATION**

Name \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**LEVEL OF SERVICE REQUESTING**

- Advanced Life Support Unit (ALS)**  
Two crew members consisting of one Paramedic and one EMT-I or EMT-B
  
- Basic Life Support Unit (BLS)**  
Two crew members consisting of EMT-B or EMT-I

- Fax this form to 843-264-2604 within 48 hours of the event
- Should date and time change, please notify us in advance

Authorized By (**Requestor**) \_\_\_\_\_ Date: \_\_\_\_\_

Confirmed By (ParaBasic) \_\_\_\_\_ Date: \_\_\_\_\_