

EMS Standby Request

Please complete this form and email to firerescuerequests@greenvillenc.gov

For events spanning multiple dates, please complete one form for each date.

Today's Date	Event Name		
Contact Person		Contact Ph	one
001140011 010011		00111401111	
Contact Email			
Event Date	Event Start/End Time	Event Loca	tion
City Sponsored:	ECU Event:	Dedicated	Non Dedicated
□ Yes □ No	☐ Yes ☐ No		
Additional Comments			
Investor Attended to		Inches Andrew	I
Invoice Attention to		Invoice Address	
The cost for Dedic	ated EMS Standbys is	• \$150 nor h	our. Invoicing will be done
	_	=	I travel/preparation time.
	_		,, ,
Department Use Only			
Approved by:		Date:	
Staffed by:		Run Number:	
□ -			
☐ Entered In System	☐ In StatPortals		□ Billed
Date:	☐ In StatPortals Date:	_	☐ Billed Date:
·		-	
·		-	