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|  | **Dedicated EMS Standby Request**

|  |
| --- |
| Please complete and email to firerescuerequests@greenvillenc.gov at least 30 days in advance.\*For events spanning multiple dates, please complete one form for each date.\* |
|  |  |  |
| Today’s Date |  | Event Name |
|  |  |  |
| Contact Person |  | Contact Phone |
|       |
| Contact Email |
|  |  |  |  |  |
| Event DateEvent Funded by: [ ]  City [ ]  ECU [ ]  \_     \_\_ |  | Event LocationNumber of attendees: \_     \_\_Alcohol Allowed: [ ]  Yes [ ]  No |
|  |
| **Additional Comments** |
|  |  |  |
| Invoice Attention to |  | Invoice Address |
| **The cost for EMS Standbys is $150 per hour. Invoicing will be done after the event and will include on scene time and travel/preparation time.** |
| ***Department Use Only*** |
| Approved by:       |  | Date:       |
|  |
| Staffed by:       |  | Run Number:       |
|  |
| [ ]  Entered In SystemDate: \_     \_\_\_ | [ ]  In StatPortalsDate: \_     \_\_\_ | [ ]  BilledDate: \_     \_\_\_ |

 |  |