



Leon County Emergency Medical Services Paid Ambulance Standby Service Request



Name of group/person sponsoring event: _____

Name of primary contact for the event: _____

Address of contact person for the event: _____

Phone number of the contact person for the event: Business: _____ Cell: _____

Description of event: _____

Date of event: _____ Number of Ambulances requested: _____

Time event starts: _____ Time event ends: _____

Location of event or course to be followed: _____

(Must provide an actual street address for dispatch) (Attach a map if a course to be followed)

Special instructions for ambulance (Specify where ambulance is to be placed): _____

Contact person & phone number at the event: _____

Billing Information: Name: _____

Attention: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Signed by: _____ Date of Request: _____

Please return completed form to: Leon County Emergency Medical Services

Emergency Medical Services
911 Easterwood Drive
Tallahassee, FL 32311
Office Number 850.606.2100 Fax: Number 850.606.2101

Your request for a paid ambulance standby service will need approval by Leon County EMS. Once all information has been verified and approved, your event will be placed on the EMS schedule for coverage and you will receive a confirmation via email or fax within 5 days of your request submittal. Due to the process involved, we ask there be at least a *10 day* notice for your event. **Any request submitted with less than 10 days notice, may have an additional service charge. Please call 850.606.2100 during normal Business Hours, if you need additional clarification.**

Office use only:

Approved: _____ Placed on schedule: _____ Date: _____

Denied: _____ Reason: _____