



REQUEST FOR SPECIAL EVENT RESOURCES

DATE RECEIVED: _____

EVENT NAME: _____

DATE (S) OF EVENT: _____

REQUESTED REPORT TIME(S) _____

LOCATION OF EVENT: _____

PERSON MAKING REQUEST: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

EVENT CONTACT PERSON (person that will be at the event) _____

PHONE: _____

EVENT CONTACT PERSON WILL ASSIST WITH POSITIONING CREW(S) AND WILL COORDINATE THE RELEASE OF CREWS WHEN EVENT IS FINISHED.

STANDARD MEDIC CREW DEPLOYMENT IS (1) MEDIC VEHICLE + PERSONNEL CONSISTING OF (2) EMS FIREFIGHTERS.

LARGER EVENTS MAY REQUIRE ADDITIONAL CREWS AND SUPERVISORY PERSONNEL.

REQUESTED CREW(S) _____ ADDITIONAL RESOURCES _____

THERE IS A FOUR (4) HOUR MINIMUM CHARGE FOR PERSONNEL. CANCELLATION NOTIFICATION MUST BE RECEIVED 24 HOURS PRIOR TO A WEEKDAY EVENT AND 48 HOURS PRIOR TO A WEEKEND EVENT. EVENTS NEEDING TO CANCEL THAT DO NOT MEET THE ABOVE GUIDELINES WILL BE CHARGED A FOUR (4) HOUR MINIMUM CHARGE FOR ALL SCHEDULED PERSONNEL.

SPECIAL EVENT MEDIC CREW CHARGE IS \$58.50 PER HR/PER FF

CFD PERSONNEL SHALL BE PAID WITH INDIVIDUAL CHECKS FOR EACH MEMBER WORKING.

BILLING INFORMATION:

Billing Contact First Name _____

Billing Contact Last Name _____

Billing Contact Work Phone _____

Billing Contact Email _____

CFD USE

THE FOLLOWING DEPLOYMENT HAS BEEN APPROVED FOR THE ABOVE EVENT:

MEDIC PERSONNEL: _____ MEDIC VEHICLES: _____ MEDIC BIKES _____ EMS SUPERVISORS: _____

INCIDENT COMMANDER/OTHER PERSONNEL: _____ OTHER VEHICLES/EQUIPMENT: _____