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|  | **Dedicated EMS Standby Request**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Please complete this form and email to [firerescuerequests@greenvillenc.gov](mailto:firerescuerequests@greenvillenc.gov)  \*For events spanning multiple dates, please complete one form for each date.\* | | | | | | | | | |  |  |  | | | | | | | | Today’s Date |  | Event Name | | | | | | | |  | | | | |  | |  | | | Contact Person | | | | |  | | Contact Phone | | |  | | | | | | | | | | Contact Email | | | | | | | | | |  |  |  | | |  | |  | | | Event Date  City Sponsored:  Yes  No |  | Event Start/End Time  ECU Event:  Yes  No | | |  | | Event Location | | |  | | | | | | | | | | **Additional Comments** | | | | | | | | | |  | | | | |  | |  | | | Invoice Attention to | | | | |  | | Invoice Address | | | **The cost for Dedicated EMS Standbys is $100 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 System  Date: \_     \_\_\_ | | | In TeleStaff  Date: \_     \_\_\_ | | | | | Billed  Date: \_     \_\_\_ | | |  |