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|  | **Dedicated 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 Phone |
|       |
| Contact Email |
|  |  |  |  |  |
| Event DateCity Sponsored: [ ]  Yes [ ]  No |  | Event Start/End TimeECU 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 SystemDate: \_     \_\_\_ | [ ]  In TeleStaffDate: \_     \_\_\_ | [ ]  BilledDate: \_     \_\_\_ |

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