



Miller EMS
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Ambulance Standby and Event Request Form

EVENT INFORMATION

Today's date: _____

Name of Event: _____

Website for Event: _____

Type of Event: _____

Estimated number of attendees per day: _____

Event Location: _____

Contact Person: _____

Contact Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone Number: _____ Fax: _____

Person in charge of event: _____

1. Date: _____ Arrival time: _____ Departure Time: _____ Total Hrs _____

2. Date: _____ Arrival time: _____ Departure Time: _____ Total Hrs _____

3. Date: _____ Arrival time: _____ Departure Time: _____ Total Hrs _____

4. Date: _____ Arrival time: _____ Departure Time: _____ Total Hrs _____

5. Date: _____ Arrival time: _____ Departure Time: _____ Total Hrs _____

BILLING INFORMATION

Name of organization: _____

Bill To: _____

Company: _____ Dept: _____

Address _____

City: _____ State: _____ Zip: _____

Phone number: _____ Fax: _____

SERVICES REQUESTED

Ambulance: _____ Paramedics: _____ EMT-Advanced _____ EMT-Basics: _____

Special Services: _____

