



### Event Information:

- Event Name:
- Event Date:
- Event Time:
- Event Location:
- Expected Attendance:
- Nature of Event (e.g., concert, sports, festival):
- On-Site Contact Person:
- Contact Phone Number:
- Contact Email:

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### Preliminary EMS Coverage Needs:

Type of Coverage Requested (Check One):

- Low-risk: 1 EMT with basic equipment
- Moderate-risk: 1 BLS unit (Basic Life Support) with 2 personnel
- High-risk: 1 ALS unit (Advanced Life Support) with 2+ personnel
- Multiple Unit Coverage needed

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### Billing Information:

- Billing Contact Name:
- Billing Address:
- Billing Phone Number:
- Billing Email:

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### Additional Information:

- Any Known Risk Factors or Special Considerations:
- Will an Onsite EMS Supervisor be Required?  Yes  No
- Other Notes: \_\_\_\_\_

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### Inquiry Submission:

I, the undersigned, acknowledge that this is a preliminary inquiry for EMS standby services. A formal request and agreement will be required for final approval and coverage.

**Event Organizer Name:**

**Date:**