



Magic Valley Paramedics

Request for Ambulance Standby Form

Date of this request: _____

1. Name of Event: _____

2. Type of Event (football game, rodeo, etc.): _____

3. Type of Request:

- Courtesy Standby – Nonprofit/Charity
- Dedicated Standby – For Profit/Business
- Dedicated Standby – Nonprofit/Charity

4. Date of Event: _____

5. Location of Event: _____

6. Time ambulance should arrive at event: _____

7. Estimated ending time of the event: _____

8. Contact name and number at the event: _____

9. Contact name for general questions: _____

10. Phone, fax, email for general questions: _____

11. Billing name and address:

- Please submit requests at least 4 weeks in advance, up to 6 months in advance.
- Fax this form to: **737-2764 (We need a separate form for each event and/or day of the event.)**
- Should the date or time change, please notify us in advance.
- Should you need to contact us on the day of the event, please call our field supervisor at **308-2060**.
- Should you have questions or concerns, prior to the event, please call us at **737-2608**.

Authorized by: _____ Date: _____
(Requestor)

Received by: _____ Date: _____
(Magic Valley Paramedics)

Confirmed by: _____ Date: _____
(Magic Valley Paramedics)