



TETON COUNTY FIRE & RESCUE AMBULANCE STANDBY SERVICE REQUEST FORM

Requesting Organization: _____

ORGANIZATION DETAILS

- Private Business
- Individual
- Nonprofit Organization (A copy of your IRS Determination Letter MUST be provided)
- Governmental Entity

- Other: _____

Organization/Individual Mailing Address:

Number/Street: _____

City: _____ State: _____ Zip: _____

Organization/Event Website Address: _____

Organization Contact Email: _____

Organization Contact Person: _____

Organization Contact Person Cell Phone: _____

EVENT DETAILS

Name/Title of the Event: _____

Location of the Event: _____

*Date of the Event: _____

*Start Time: _____

*End Time: _____

***If this is a multi-day event or if the event will be repeated on additional days, please attach to this form additional details/description, or an official event schedule.**

Please select the level of service you are requesting and circle the correct fee:

- EMS Service Notification ONLY** **Fee: \$0**

Restrictions: None

Details: A notification that informs all TCF&R EMS personnel of the event and event details, but no on-site services will be provided.

- Non-Dedicated EMS Standby** **Fee: \$0 for Government or Non-Profit**
 Fee: \$139/hour Commercial Enterprise

Restrictions: This level does not require the staff or equipment to remain onsite of the event. Event coverage will be interrupted in the event of an offsite ambulance need that cannot be maintained by other scheduled crews.

Details: A single ambulance, staffed by a minimum two EMS attendants, will be assigned to the event, BUT will remain available for other EMS calls in the area.

- Dedicated EMS Standby** **Fee: \$139/hour Non-Profit or Commercial**
 Fee: \$0 for Government

Restrictions: None

Details: A single ambulance, staffed by a minimum two EMS attendants, will be assigned to the event and will remain dedicated to the event. This level requires the staff and equipment to remain onsite of the event until the end, without interruption. In addition, even if an organization requests and agrees to the conditions of Dedicated Standby Services, certain extreme, catastrophic, or immediate life-threatening emergencies may still require TCF&R to utilize the ambulance assigned to the Dedicated Standby. If this occurs during a scheduled Dedicated Standby (with this AGREEMENT in place), and a lapse of onsite EMS coverage occurs, another ambulance/crew will be immediately routed to the event as soon as possible.

- Large and/or High Risk Event** **Fee: Very per event**

- I have read and agree to the *Ambulance Standby Service Program*. Initial: _____

OFFICE USE ONLY:

Received: _____ Date of Event: _____

Type: DEDICATED NON-DEDICATED NOTIFICATION ONLY Reserves: YES NO

APPROVED: YES NO

APPROVING AUTHORITY: _____