Special Detail Stand-By EMS Ambulance and Personnel

Initial Contact Information



Contact Information: Phone 815-777-3575 • email: galenaems@gmail.com

Organization or Agency		Date of Req	uest
Name		Position	
Address			
Phone	e-mail		
Event Information			
Date of Event	Specify if	Specify if more than one Date	
Name of Event			
Type of Event			
Name of Event contact person		Phone	
Specific Activities at Event			
Time Event Starts		Time Event Finishes	
Anticipated Number of Attendees			
Requests other than general Amb	ulance Detail Sta	and-By	
Signature of Person completing this form		Print Name	 Date

Note: The fee charged for this Detail Stand-By will be based on this information.