

STANDBY REQUEST FOR VERNON COUNTY AMBULANCE

PLEASE PRINT

NAME & TITLE _____

ORGANIZATION _____

ADDRESS _____

PHONE NUMBER _____

THE ABOVE NAMED PERSON/ORGANIZATION DOES HEREBY REQUEST AN AMBULANCE AND PERSONNEL BE PRESENT ON:

DATE _____ TIME _____ TO _____

LOCATION _____

IS IT MANDATORY FOR THIS EVENT THAT AN AMBULANCE AND PERSONNEL BE PRESENT FOR THIS EVENT TO BE HELD? YES _____ NO _____

NON-PROFIT _____ PROFIT _____

SIGNED _____

DATE _____