



FORT WORTH FIRE DEPARTMENT EMS STANDBY REQUEST

EVENT INFORMATION

Today's Date: _____

Event Name: _____

Event Location/Address: _____

Date(s): _____

Time(s): _____

On-Site Event Contact/Coordinator: _____

Phone Number: _____

Number of EMT Teams(Team of 2): _____

Expected Event Attendance: _____

Other Event Detail: _____

BILLING INFORMATION

Bill To: _____

Billing Address: _____

City, State, and Zip: _____

Phone Number: _____

Point of Contact: _____

Point of Contact's Phone Number: _____

Email Address: _____

The Requesting Party will be invoiced for services at the rate of \$60.00/hr. for each EMT.

I understand and agree that all services provided will be for a four (4) hour minimum and cancellations and changes require a minimum of 24 hours advanced noticed.

Signature _____ Date _____

Please complete, sign and return to:

By email to: ems_standby@fortworthtexas.gov