

## Standby Request for Broken Bow Ambulance Service

Organization/Group Requesting Standby: \_\_\_\_\_

Event & Event Location: \_\_\_\_\_

Contact Person, Address, & Phone Number: \_\_\_\_\_

Dates & Times Requesting Standby: \_\_\_\_\_

Number of Ambulances you would like on Standby 1\_\_\_\_ 2\_\_\_\_ or do we need to bring in another department \_\_\_\_\_

### Fees:

\$15 per ambulance personnel for the first 3 hours, \$15 per ambulance personnel for every hour after the first 3 hours

The fee must be paid within two weeks from the end of the event.

### Requesting Standby:

The request to have the Broken Bow Ambulance Service for standby needs to be returned to either the Broken Bow Fire Hall located at 1848 South G Street or City Hall located at 314 South 10<sup>th</sup> Avenue at least 45 days before the event

If the Broken Bow Ambulance Service must leave for an emergency call, they will return as soon as the call is completed.

By signing this form, I request the Broken Bow Ambulance Service to attend this event and provide standby service. I agree to pay for the Broken Bow Ambulance Standby service with a check made payable to the City of Broken Bow or with cash.

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Signature

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Date