



## Application for Special Duty Emergency Medical Services

Organization Name:				
Applicant Name:		Phone:		
Contact Name:				
Contact Phone:		Contact Cell:		
Billing Address:				
Billing email:	(Invoice emailed 1 week after event)			
Group Contact Signature:				Date:
Date of Event:		Hours Requested:	From:	To:
Location of Event:				
Description of Services to be provided:				
<p><b>Note: Submitting form does not guarantee approval of services</b></p> <p>Hourly Rate: \$50.00 per paramedic per hour (Minimum 3 hours per paramedic)            Check may be made payable to: Norwich Township            Cancellation Fee with less than 24 hour notice: \$150.00            Payment due in advance</p>				
Form of Payment:	<input type="checkbox"/> Check		<input type="checkbox"/> Credit Card	
Number of Paramedics Required:		Number of medics/other vehicles requested:		
Staff Assigned:				
Fire Department Approval:				Date:

### Norwich Township Fire Department

5181 Northwest Parkway  
 Hilliard, OH 43026  
 614-876-7694