

Special Duty Emergency Medical Services Application Norwich Township Fire Department



Today's Date: _____

Organization Name: _____

Applicant Name: _____ Phone: _____

Contact Name: _____ Phone: _____

Date of Event: _____ Hours Requested From: _____ To: _____

Location of Event: _____

Type of Event: _____

Service Requested:

Type of EMS Vehicle: Medic Engine Bike Patrol

Number of Paramedics Required: _____

Contact Signature: _____ Date: _____

Billing Address: _____

Billing Email: _____

Form of Payment: Check Credit Card

NOTE: Submitting form does not guarantee approval of services

Hourly Rate: \$50.00 per paramedic per hour (Minimum 3 hours per paramedic)

Cancellation Fee with less than 24 hour notice - \$150.00

Checks made payable to Norwich Township
Payment due in advance