



ELMORE AMBULANCE SERVICE

2259 E 8th N, Mountain Home, ID 83647

Phone: 208-580-0413 Ext: 1014 Fax: 208-580-9450

Request for Ambulance and crew for Community Event

Date(s): _____

Time: _____

Event Name: _____

Location: _____

Contact Person: _____

Phone: _____

Email: _____

Address: _____

City: _____

* Please attach a copy of event flyer if possible.

Event Ambulance Requirement's

- **Dedicated Service-** Ambulance and Crew *required being on-site during the event activities.*
Fee Required: \$ 66.79 per 1/2 hour.
Dedicated Paramedic Required 76.79 per ½ hour
- **Courtesy Service-** Ambulance and Crew *not required to be on-site during event activities.* Ambulance and crew may be required to leave the event to respond to a 911 emergency call in the community.

Submit request to:

Elmore Ambulance Service

2259 E 8th N

Mountain home, Idaho 83647

Or Fax: 208-580-9450

Or Email: dcurran@elmoreservice.org

Or Email: aroberts@elmoreservice.org

Signature of accepting EMS personnel _____ (not valid without)