

# ***Town of Ridgefield***

## ***FIRE DEPARTMENT***

6 Catoonah Street  
Ridgefield, CT 06877  
Office: (203) 431-2726  
Fax: (203) 431-2562  
www.ridgefieldct.org

### **Application for EMS Services**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Person Making Request: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Numbers: Cell Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Home/Business: (     ) \_\_\_\_\_ - \_\_\_\_\_

#### **Nature of Event**

Description of Event: \_\_\_\_\_

Location/Address of Event: \_\_\_\_\_

Date of Event: \_\_\_\_/\_\_\_\_/\_\_\_\_

Start Time: \_\_\_\_:\_\_\_\_ AM / PM

End Time: \_\_\_\_:\_\_\_\_ AM / PM

Anticipated Attendance: \_\_\_\_\_

There is a minimum four (4) hour cost per firefighter plus 14% administrative overhead, (estimated cost between \$180.00 and \$360.00 per firefighter). The undersigned, representing, \_\_\_\_\_, hereby agrees to assume responsibility for payment to the Town of Ridgefield for the above-indicated EMS Services.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature of Requestor

#### **For Fire Department Use Only**

# of Personnel Required \_\_\_\_\_

# of Apparatus Required \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature of Fire Chief