



Hidalgo County E.M.S. Event Stand-By Request

Form must be completed by person requesting ambulance stand-by. Please call 575-542-8272 if you have any questions. You can also reach David Whipple at 575-694-0628.

Date of Request: _____

Type of Event: _____ Location of Event: _____

| Date of Event | Ambulance Arrival Time | Ambulance Departure Time | Total Time |
|---------------|------------------------|--------------------------|------------|
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List two (2) event contact persons and phone numbers:

Primary Contact Name: _____ Phone: _____

Secondary Contact Name: _____ Phone: _____

Billing Information:

Organization: _____ P.O. # _____

Address: _____ City: _____ State: _____

Zip: _____

Authorized By (requestor): _____ Date: _____

*Fax request to: 575-542-8202. Please submit request at least **five (5) business days** in advance.*

-----**OFFICE USE ONLY**-----

Received By: _____ Date: _____ Approved: _____

Type of Stand-By Authorized: () Dedicated () Non- Dedicated

Crew Members Assigned: _____
