



**Marion County Ambulance District
Stand-by/Event Request form**

Requestors Information

Name: _____ Date: _____

Location: _____
Street Address *Apartment/Unit #*

_____ _____
City *State* *ZIP Code*

Phone: _____ Email _____

Date Requested: _____ Time Requested: _____ End Time: _____

Assets Requested

Ambulance and Crew Requested	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Large scale event requiring multiple assets	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Cooling Misting Fans Requested	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, specify _____		
First Aid Station Requested	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

Comments : _____

Public Relations & Education

Booth or Tables needed	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Large scale PR requiring multiple assets	YES <input type="checkbox"/>	NO <input type="checkbox"/>
PR Supplies to be handed out	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, specify _____		
Educational materials needed	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, specify _____		
AV Equipment needed	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Topic to be covered by PR or EDU	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Ambulance needed	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

Comments : _____

Request Received

Name: _____ **Date:** _____ **Time:** _____

Standby Public Relations Public Education Combination