



# Gila River Emergency Medical Services

## Standby Request Form



Office: 520-796-4586

Date/Time of Request:

P.O Box 67  
Sacaton, AZ 85247

Requestor: \_\_\_\_\_ Title: \_\_\_\_\_ With: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ FH #: \_\_\_\_\_

### Date of Event

### Ambulance Standby Information

### Event Times

**ATTENTION:** Crews need to obtain initials (next to times) from the event organizer when you arrive and when you depart the event.

Scheduled Start

On Scene Time

Initial Scheduled End

Departure Time

Initial

Type of Service

Crew

Dedicated

911 Unit

Pay Type

Rate Quoted:

Type of Service

Crew

Dedicated

911 Unit

Pay Type

Rate Quoted:

Type of Service

Crew

Dedicated

911 Unit

Pay Type

Rate Quoted:

Type of Service

Crew

Dedicated

911 Unit

Pay Type

Rate Quoted:

Contract needed

Location of Event

Special Instructions

Event Description

EMS Administration Chief

Scheduled

Initials

EMS Operations Chief

Initials

To be Completed by EMS Administration

Administration Approval

Initials

Sent to Billing By

Initials

Date