

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 \$220.00 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