



City of Madison Fire Department Special Event EMS Request Form



***This form shall be submitted to EMS Logistics Chief
no less than **30 days** prior to event.***

Event name: _____ Date: _____

Event Start Time: _____ Expected Duration: _____

Location: _____

Map(s) Attached Emergency Action Plan Attached

Estimated # of Event Participants: _____

Personnel & Equipment Needed				
<u>Team(s) Needed:</u>	<u>#</u>	<u>Staging Location:</u>	<u>Expectation of Duties</u>	<u>Report Time:</u>
Paramedics/Ambulance(s)				
<input type="checkbox"/> EMS Walking Team(s)				
<input type="checkbox"/> ATV Ambulance				
Event Radios provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, channel being used:		

Staff Briefing	
<u>Time:</u>	<u>Location:</u>

Contact Information				
<u>Role/Title:</u>	<u>Name:</u>	<u>Phone:</u>	<u>Alt. Phone:</u>	<u>Email:</u>
Event Coordinator:				
EMS Coordinator:				
Other:				
Billing Contact Name:		Billing Address:		
Billing Phone:		Billing Email:		

Additional Information

Submit this form at least 30 days before event date to:
Division Chief David Crossen II—EMS Operations, dcrossen@cityofmadison.com 608-266-4256