



Town of Ridgefield
FIRE DEPARTMENT

6 Catoonah Street
Ridgefield, Connecticut 06877
Office: 203-431-2726
Fax: 203-431-2562
www.ridgefieldct.org

Application for EMS Services

Date: ___/___/___

EMS Services Requested By

Individual/Organization _____

Address: _____

Name of Requestor: _____ Phone No: () _____ - _____

Name of Contact Person at Event: _____ Phone No: () _____ - _____

Nature of Event

Brief Description: _____

Location: _____

Date(s): _____ Time(s): _____

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

Personnel Assigned: _____
