



# PENNDel-MIDDLETOWN EMERGENCY SQUAD

616 East Lincoln Highway, Langhorne, PA 19047-2998  
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## Standby and Service User Information Form

This form is to request a standby from the PennDel-Middletown Emergency Squad for special event medical services. The following information will be used by PMES for scheduling and billing for services. Any changes to scheduled services shall require 48-hour notification prior to the event.

Name/Title of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Start Time: \_\_\_\_\_  AM /  PM End Time: \_\_\_\_\_  AM /  PM

Location of Event: \_\_\_\_\_

**The event requires the following selected level of service:**

- |  |   |                   |
|--|---|-------------------|
| <input type="checkbox"/> Dedicated Ambulance Standby     | Transporting EMS unit with 2 providers    | \$175.00 per hour |
| <input type="checkbox"/> Dedicated EMS Responder Standby | Non-transporting EMS unit with 1 provider | \$100.00 per hour |

Any specific details about the event: \_\_\_\_\_

\_\_\_\_\_

Organization Name/Service User: \_\_\_\_\_

Entity Type:    Corporation        Not-For-Profit        Governmental        Scholastic        Other

Are you charging admission to the event?        YES        NO

Primary Contact Person's Name: \_\_\_\_\_

Mailing Address (for billing): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone # 2 (if different): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please scan/email all completed standby requests to <[ZCooperman@PMEMS.Org](mailto:ZCooperman@PMEMS.Org)>**