



FREDONIA FIRE DEPARTMENT

80 West Main Street • Fredonia NY 14063 • Phone: 716 672 2125
Fax: 716 672 2112

(FORM 9011)

Services Request Form

Event: _____

- *If multiple events are being scheduled, please use the next page.*

Event Dates(s): _____ Coverage request time(s): _____

Organization: _____

Contact Name and Phone: _____

Invoice Email Address: _____

Level of Services: Check all that Apply

Unless otherwise noted all coverage starts at a **two-hour minimum**. You will be billed for the minimum or the actual hours if over two.

EMS and EMS Standby

___ **ONE** staff member with basic equipment for the potential of minor injuries with direct communication with the Fredonia Fire Department if transport is needed: *\$50.00/hr.*

___ **TWO** staff members and Advanced Life Support Ambulance for on-site EMS: *\$125.00/hr.*

___ # of additional staff member(s) requested or as mandated by FFD: *\$50.00/hr.*

Fire Equipment Standby

___ Fire Engine and two staff members: *\$150.00/hr.*

___ # of additional staff member(s) requested or as mandated by FFD due to the size and scope of the event *\$50.00/hr.*

Emergency Management and Special Needs

___ Command staff and equipment *\$100.00/hr.*

___ Incident Action Plan (IAP) for large events \$250.00 includes preparation meeting

___ IAP additional meetings \$50.00/hr.

___ Safety Zone set up \$50.00 included 1,000ft of safety tape. \$20.00/additional roll

This form must be submitted to the Fire Chief no later than 45 days prior to the scheduled event. Service will be billed by the Village of Fredonia. Payment must be received 5 business days prior to the scheduled event. Billing will be based on minimum or requested coverage time whichever is greater. Extended coverage on the day of the event will result in a supplement bill. Events ending prior to the requested times will not result in a refund. All EMS transports and evaluations will be billed to the patients as per normal billing procedures.

Fire Chief

Approval _____ Date: _____

Should a major emergency occur during the times of this stand-by that requires the dedicated personnel / apparatus to be redirected away from this event, actual billing hours will be computed



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(FORM 9011 Continuance)

Services Request Form Multiple Event Page

Organization _____

Contact Name and Phone: _____

Invoice Email Address: _____

Event: _____

Event Dates(s) _____ Coverage Time(s) _____

Event: _____

Event Dates(s) _____ Coverage Time(s) _____

Event: _____

Event Dates(s) _____ Coverage Time(s) _____

Event: _____

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Event Dates(s) _____ Coverage Time(s) _____

Should a major emergency occur during the times of this stand-by that requires the dedicated personnel / apparatus to be redirected away from this event, actual billing hours will be computed