



Versailles EMS
Special Event/Community Program
Stand-By Request Form

Date of Request: _____ Date(s) of Event: _____

Name of Event: _____

Location/Address of Event: _____

Contact Person: _____ Phone Number: _____

Requested Arrival Time: _____ Estimated End Time: _____

Approximate Attendance/Participants: _____

Comments/Special Instructions: _____

You may drop off, mail or email your completed request to:

Matt Harvey
320 Baker Rd
PO Box 109
Versailles, OH 45830
matthewharvey@versaillesohio.cc
If you have any questions, please contact Matt Harvey at 937-526-4899

Notes:

All requests must be received at least 30 days prior to the event start date.

We will be stationed at your event during the times requested, however, the assigned unit may be in service to take 911 calls. Therefore, we cannot guarantee a crew will be present the entirety of your event. If the assigned unit has to leave, we will attempt to assign another unit to your event.

For office use only:

Date Received: _____ Date Approved: _____

Approved by: _____ Signature: _____

Crew 1: _____ Crew 2: _____ Crew 3: _____ Unit #: _____