

**Norwich Township Fire Department  
Special Duty Emergency Medical Services Application  
Form A-108**



Today's Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Hours Requested From: \_\_\_\_\_ To: \_\_\_\_\_

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

Type of Event: \_\_\_\_\_

Service Requested:

Type of EMS Vehicle: ☐ Medic ☐ Engine ☐ Bike Patrol (Minimum of 2)

Number of EMS Providers Required: \_\_\_\_\_

Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing Email: \_\_\_\_\_

Form of Payment: ☐ Check ☐ Credit Card

**NOTE: Submitting form does not guarantee approval of services**

Hourly Rate: \$50.00 per paramedic per hour (Minimum 3 hours per paramedic)

Cancellation Fee with less than 24 hour notice - \$150.00

Checks made payable to Norwich Township  
Payment due in advance