



Town of Enfield  
Emergency Medical Services Division  
1296 Enfield Street  
Enfield, CT 06082



## Town of Enfield EMS

### Ambulance Stand-by Service Application

Application must be submitted to Enfield EMS not less than fourteen (14) days prior to the event. It is highly recommended that the application be submitted greater than fourteen (14) days prior to the event to insure adequate time for completion of the Service Agreement between the Town of Enfield and the Service User. Approval of the application is subject to availability of personnel and equipment on the date(s) of the event.

Completed application may be submitted via:

Email: [emaloney@enfield.org](mailto:emaloney@enfield.org)

Fax: 860-253-4762

Mail: Town of Enfield EMS  
1296 Enfield Street  
Enfield, CT 06082

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

State of Registration (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

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

Date (s) of Event: \_\_\_\_\_

Start Time(s) of Event: \_\_\_\_\_ End Time(s) of Event: \_\_\_\_\_