

COSHOCOTON COUNTY EMS Request for Public Relations Coverage

(To be completed by the PR Coordinator)

Date of event _____

Description of event: _____

Event Start Time _____

Estimated End Time _____

1. Number of Ambulances requested _____
2. Can the event be covered using one partner Yes No
3. Level of service requested (If applicable) ALS BLS
4. Can a duty crew cover the event Yes No
5. Is CCEMS reimbursed for time or donation given? Yes No

Persons agreeing to cover the event		Does it cause overtime?	Was Auxiliary contacted?

Has the requesting agency been advised that the unit will pull from the event in case of multiple calls? Yes No

Date Submitted _____

Comments: _____

When complete, please place in secured run sheet drawer.

For administrative use only

Date received _____

Approved _____ **Denied** _____

Comments: _____