



Second Alarmer's Rescue Squad of Montgomery County

Stand-by Detail Request Form

Today's Date (MM/DD/YYYY)

EVENT INFORMATION

Event Name

Event Description

Directions: Describe the type of event and services required or believe the event requires.

Note: Based on the information provided, the event may require more EMS support services than initially anticipated. SARS is committed to providing the highest level of prehospital care and to ensure the safety of all participants and attendees at the event, SARS reserves the right to make additional recommendations and/or requirements to the EMS services provided, which may exceed the initial request.

Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Event Start Date (MM/DD/YYYY)	Event Start Time (HH:MM)	Event End Date (MM/DD/YYYY)	Event End Time (HH:MM)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Preferred Crew Arrive Time (HH:MM)	Preferred Crew Depart Time (HH:MM)	Alternate Date (MM/DD/YYYY)	Estimated Attendance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: Unless "Preferred Crew Arrive/Depart Times" are indicated, crews will arrive and depart at the indicated "Event Start/End Times". Please consider that some events may require additional time for preparation and staging in the most appropriate location. "Preferred Time Crew Arrive/Depart" are encouraged and subject to billing.

BILLING INFORMATION

Billing Contact Name and Title	Organization or Company Name
<input type="text"/>	<input type="text"/>

Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Primary Phone (000) 000-0000	Phone Type	Secondary Phone (000) 000-0000	Phone Type
<input type="text"/>	<input type="radio"/> Mobile <input type="radio"/> Home <input type="radio"/> Business	<input type="text"/>	<input type="radio"/> Mobile <input type="radio"/> Home <input type="radio"/> Business

E-mail Address (email@domain.com)



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EVENT CONTACT INFORMATION

Check if same as Billing

Event Contact Name

Title

Primary Phone (000) 000-0000

Phone Type

Secondary Phone (000) 000-0000

Phone Type

Mobile Home Business

Mobile Home Business

E-mail Address (email@domain.com)

Note: The crew will use this information on the day of the event if needed.

TERMS & CONDITIONS

Second Alarmer's Rescue Squad (SARS) is a non-profit organization that is funded differently than area fire and police departments and must operate with sound financial decision making when it comes to scheduling personnel and resources. As an authorized person on behalf of the requesting agency, I understand and agree to the following terms and conditions:

1. I am requesting that SARS provide EMS Support in the form of BLS/ALS Ambulance(s) and/or EMS provider(s) and be on-site, respond to, and care for emergencies with an appropriate level of care as determined by SARS based on the information provided in this request and any subsequent conversations for the above event.
2. I understand that although an ambulance may be on site and able to provide emergency care, they are not always able to transport patients. In the occasion that a patient needs to be transported to a hospital from an event, patient care will be initiated and an ambulance with the ability to transport will be requested if needed.
3. I understand that SARS is committed to providing the highest level of prehospital care and to ensure the safety of all participants and attendees at the event, SARS reserves the right to make additional recommendations and/or requirements to the EMS services provided, which may exceed the initial request and are subject to billing.
4. Once an appropriate level of EMS support service is determined and approved, SARS will provide an invoice for services and payment in full is expected before the day of the event. If payment in full is not received by the day of the event, SARS reserves the right to cancel the services without notice.
5. If services are carried out by SARS without payment by the day of the event, a surcharge of 1.5% will be added and an additional surcharge of 1.5% will be added for each subsequent month payment is late.
6. Requests for services may be cancelled in advance by written notice to DetailRequest@main.sars.org. Cancellations given with less than fourteen (14) days notice may result in the event being charged in full unless the event date is changed to an alternate date due to an incident caused exclusively by natural forces whose effects could not possibly be prevented.
7. SARS reserves the right to discontinue and/or refuse service without notice to any event based upon previous experience or failure to comply with SARS Terms & Conditions regardless of reimbursement ability.
8. **SARS reserves the right to cancel services without notice at any time based upon the emergency needs of the community. If SARS is unable to provide the requested services, event attendees may always call 911 in the event of an emergency and the closest emergency ambulance will be dispatched.**

As we continue to fulfil our mission, "To provide the highest level of pre-hospital emergency medical care, rescue, and related services to the communities we", We thank you for your continued support and understanding in the ever-changing world of emergency medicine.

Signature

Date (MM/DD/YYYY)

Directions: Submit completed Detail Request Forms to SARS by emailing digital and printed/scanned forms to DetailRequest@main.sars.org (preferred), faxing forms to 215.659.3177, or mailing forms to P.O. Box 90 Willow Grove, PA 19090, with the Subject: "Detail Request Form Submission".