

Richland County Emergency Services Special Event Coverage Request

1410 Laurens St., Columbia, SC 29204 (803) 576-3400 (803)748-5055 fax

Email your completed form to: esd@richlandcountysc.gov

Today's Date:	Date of Event:	Time of Event:	
EMS Anticipated Arrival Time: _	EMS Antic	ipated Departure Time:	
Name of Event:			
Address/Location of Event:			
Purpose of Event:			
Number of People Expected to A	Attend Event:		
Name of Sponsoring Group:			
Brief Description of the Group's	Mission:		
Name of Responsible Party:			
Phone Number of Responsible P	'arty:		_
Billing Address:			_
Purchase Order number:			
If the event is over three hours,	will if food will be provid	led to EMS personnel? Yes I	No
What is expected of the EMS cre Standby in-case of injury		er day	en
If other, please explain:			

Your request should be submitted at least three (3) weeks prior to the date of the event. Special Event **Coverage is not guaranteed**. If resources are available, we will make every effort to accommodate your request. When submitting this form via e-mail, please be prepared to attach a map or diagram of the event area. The map or diagram should clearly show where EMS vehicles will park and where EMS personnel will be located at the event. Thank you for your interest in Richland County Emergency Services.