

**APPLICATION FOR EMERGENCY MEDICAL SERVICES COVERAGE**

This application is required to engage Fire Rescue EMS crews for on-site delivery of Emergency Medical Services at large special events or other functions.

- **PAYMENT IS REQUIRED WITHIN 30 DAYS FOLLOWING THE EVENT**
- **SEND REMITTANCE TO:**

**Palm Beach Gardens Fire Rescue  
 Cashier  
 10500 Military Trail  
 Palm Beach Gardens, FL 33410**

**RATES:**

**PERSONNEL**

- \$40.00 PER HOUR FOR EACH FIREFIGHTER OR INSPECTOR
- \$45.00 PER HOURS FOR EACH FIREMEDIC OR DRIVER ENGINEER
- \$50.00 PER HOUR FOR EACH SUPERVISOR (CAPT./LT./ASST. FIRE MARSHAL)
- \$90.00 PER HOUR FOR EACH MEDICAL CREW (TWO EMS PERSONNEL)
- \$135.00 PER HOUR FOR AN ENGINE CREW OR A 3 PERSON RESCUE CREW

**EQUIPMENT**

- \$75.00 PER HOUR FOR RESCUE (AMBULANCE)
- \$100 PER HOUR FOR FIRE ENGINE
- \$50.00 PER HOUR FOR BRUSH TRUCK OR UTILITY TRUCK
- \$25.00 PER HOUR FOR TRANSPORT GOLF CART

**\$10.00 SPECIAL EVENT HOURLY RATE**

**NOTE: A Supervisor is required when six or more personnel are requested.**

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Applicant: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Start Date/Time: \_\_\_\_\_ End Date/Time: \_\_\_\_\_

**PERSONNEL REQUEST**

\_\_\_\_\_ @ \_\_\_\_\_/hour x \_\_\_\_\_ hrs = \$ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_/hour x \_\_\_\_\_ hrs = \$ \_\_\_\_\_

**EQUIPMENT REQUEST**

\_\_\_\_\_ @ \_\_\_\_\_/hour x \_\_\_\_\_ hrs = \$ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_/hour x \_\_\_\_\_ hrs = \$ \_\_\_\_\_

Special Event Rate @ \$10.00 /hour x \_\_\_\_\_ hrs = \$ \_\_\_\_\_

**TOTAL AMOUNT = \$ \_\_\_\_\_**

\_\_\_\_\_ **Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**CITY OF PALM BEACH GARDENS FIRE RESCUE  
AGREEMENT FOR THE PURCHASE OF  
EMERGENCY MEDICAL SERVICES**

Title of Event: \_\_\_\_\_

Location: \_\_\_\_\_

Anticipated Attendance: \_\_\_\_\_

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_

Personnel and Equipment Requested:

\_\_\_\_\_  
\_\_\_\_\_

Point of Contact for the Event:

Name \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I/We understand and agree to the following:

- A. The fees are calculated for a minimum of three hours.
- B. Application must be received ten business days prior to the scheduled event.**
- C. There will be a three-hour minimum charge of all fees for all cancellations if cancellation is not made 48 hours prior to event.
- D. Payment of all fees and expenses will be invoiced after the event. The City of Palm Beach Gardens shall have the right to recover from the requesting organization all costs of collection of any unpaid bill, including reasonable attorney's fees.

Requested by: \_\_\_\_\_ Telephone #: \_\_\_\_\_

If you should need more information regarding this process, please contact the Fire Rescue Department at (561) 799-4300.