

***Bedford County Department of Fire & Rescue
1305 Falling Creek Road
Bedford, Virginia 24523
Phone (540)587-0700
Fax (540)586-2176***

AMBULANCE REQUEST FORM

DEPARTMENT NAME: _____

NAME OF REQUESTER: _____

CONTACT PHONE NUMBER(S): _____

LIST AGE, MILEAGE, AND MAINTENANCE HISTORY OF EACH VEHICLE IN FLEET:

LIST LAST VEHICLE PURCHASED AND NOTE IF THIS WAS PURCHASED WITH ANY COUNTY FUNDS: _____

IS THIS REQUEST REPLACING ANOTHER UNIT OR IS IT IN ADDITION TO YOUR FLEET?
IF IT IS A REPLACEMENT, PLEASE FILL OUT INFORMATION FOR UNIT BEING REPLACED.
IF AN ADDITION, STATE REASON:

MAKE: _____

MODEL: _____

OF MILES: _____

YEAR RECEIVED: _____

RECEIVED FROM WHOM: _____

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OTHER SOURCES OF FUNDING SOUGHT (GRANTS, ETC.) _____

PREFERENCE (VAN, BOX OR EITHER, 4x4): _____

AVAILABILITY OF STORAGE (HOW MANY BAYS DO YOU HAVE?) _____

CALL VOLUME FOR THIS YEAR: _____

CALL VOLUME FOR PAST YEARS: _____

NUMBER OF ACTIVE MEMBERS: _____

CERTIFICATION LEVEL BY CATEGORY:

Driver (EVOC): _____

CPR: _____

EMT: _____

EMT-I: _____

EMT-C: _____

EMT-P: _____

Signature

Date