CITY OF CLEVELAND
Mayor Frank G. Jackson

City of Cleveland
Division of Emergency Medical Service
Special Event Coverage Registration Form

Cleveland EMS
EMERGENCY MEDICAL SERVICE

Cleveland EMS provides medical coverage for events that happen within the City of Cleveland. The cost is a flat fee of $90 per hour for one crew. Please fill in the information below and submit the form via mail, email, or fax:

Mail: Cleveland EMS, Attn: Scheduling, 1701 Lakeside Ave., Cleveland, Ohio 44114

Email: EMSSpecialEvents@city.cleveland.oh.us

Fax: (216) 623-4599

Event Name: _____

Event Date: _____ **Start Time:** _____ **End Time:** _____

Event Location: _____

Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone No: _____ **Fax No:** _____

Company Website: _____

Name of Contact Requesting Medical Coverage: _____

Contact's Phone No: _____ **Contact's Email:** _____

Name of Contact for Day of The Event: _____

Contact's Phone No: _____ **Contact's Email:** _____

Number of People Expected to Attend the Event: _____

Location of EMS Staging Area for the Event: _____

Road Closures Related to this Event (if Applicable): _____

Comments/Addtional Requests:

(Rev. 6/2015)