



# EMERGENCY SERVICES PLAN

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_ Location: \_\_\_\_\_

All special events must provide a plan highlighting emergency access routes and a plan to mitigate fire and emergency medical emergencies. Emergency access routes must be noted on the site plan.

**The Frederick-Firestone Fire Protection District may be available for hire for all special events within the Town of Firestone. Additional fees will be determined and invoiced by the District and will be the responsibility of the event holder. For more information, call 303-833-2742.**

Have you provided access for emergency responders in your site plan drawing?  Yes  No

Have you hired a professional emergency medical services provider to manage your event?  Yes  No

If yes, please provide company information.

Name of Company: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Will there be any on-site first aid or ambulances?  Yes  No

If yes, please note location on your site plan.

Describe your plan for handling an emergency (attached additional pages if needed).

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

## SIGNATURE

I, the undersigned, hereby attest that I have notified the Town of Firestone of my emergency services plan for the event I am organizing.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TOWN OF FIRESTONE USE ONLY	
Permit/Request Reviewed By: _____	Department: _____
Edits: _____	Approved <input type="checkbox"/> Denied <input type="checkbox"/> Date: _____