Standby Request Form

If your organization is in need of a fire and/or EMS stand-by in Lebanon Township, please complete and submit this application to the LTVFD Fire Chief at least two weeks in advance of your event date.

| Name of your organization | | | | | |
|--|------------|-------------|--------|---------------------------|----------|
| Name of contact person | | Telephone I | number | | |
| Type of event | | | | Estimated number of atter | ndees |
| | | : | AM to | : | AM PM |
| Date of event | Event time | | | | |
| Type of standby you're requesting (circle one): | FIRE | EMS | ВОТН | | |
| Any special considerations we should be made awa | are of: | | | | |
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Please return this form at least 2 weeks prior to your event

Fax: 908-638-4009, Attn: Fire Chief LTVFD, Attn: Fire Chief 532 W Hill Road, Glen Gardner, NJ 08826

