



Anchorage Fire Department  
100 E 4<sup>th</sup> Avenue Anchorage, AK 99501  
(907) 267-5091

Email: [WWAFD@ci.anchorage.ak.us](mailto:WWAFD@ci.anchorage.ak.us)



**REQUEST FOR STANDBY MEDIC**  
submit at least 1 month before event

**APPLICANT INFORMATION**

Name:					
Title:		Organization:			
Phone:		Cell:			
Email:					
Street Address:					
City:		State:		Zip:	

**BILLING INFORMATION** *(if different from applicant)*

Name:					
Title:		Organization:			
Phone:		Cell:			
Email:					
Street Address:					
City:		State:		Zip:	

**ON-SITE CONTACT INFORMATION**

Contact 1 Name:		Cell:			
Role/Title		Location On-Site:			
Contact 2 Name:		Cell:			
Role/Title		Location On-Site:			

EVENT OVERVIEW

Event Name:	
Event Date:	
Organization:	
Event Location:	

EVENT DESCRIPTION

Type Information:	
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STANDBY REQUEST DATES/TIMES

Date	Start Time	End Time
<i>Example:1/2/2017</i>	<i>8:00 PM</i>	<i>11:00 PM</i>

STANDBY FEES

AFD Medic Standby cost is \$220 per hour. This includes staffing of 1 EMT and 1 Paramedic.
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## HOLD HARMLESS

Applicants for Right-of-way Special Activity Permits agree to indemnify, defend and hold harmless the Municipality of Anchorage, the State of Alaska, their departments and employees from any claims, lawsuits, causes of actions and liabilities arising from or allegedly caused in whole or in part by the Applicant's negligent or other legally wrongful act or omission.

Unless specifically stated otherwise in the Special Activity Permit, all expenses related to the towing of vehicles, and any storage charges, are not the responsibility of the Municipality of Anchorage. Any complaints, claims or litigation involving the towing of illegally parked vehicles are to be handled by the Special Activity permittee. Illegally parked vehicles may be towed without notice to the operator, registrant or owner.

The Applicant also certifies that Applicant shall take reasonable steps to insure all participants under the supervision or control of the Applicant will obey all laws, regulations and provisions required by the Municipality of Anchorage and the State of Alaska governing the activity.

Authorized Applicants Initials: \_\_\_\_\_

## CERTIFICATION

I certify that the information that I have provided on this application is true and accurate to the best of my knowledge. If the event plans change, I will submit a revised application or additional information accordingly.

Applicant Signature	Title	Date
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## OFFICIAL USE ONLY

Stamp Date Received	Deputy Chief Review <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
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