ALPENA COUNTY AMBULANCE FUND FUNDING REQUEST

NAME OF REQUESTING AGENCY:		
Mailing Address:		
Phone:		
E-mail:		
Fax:		
Name & Title:		
Description of service(s purchased along with	, , , ,	DR Description of equipment to be
Please attach quotes/bids	Fire Chief/Fire Administrational information.	rator Signature Date
Anticipated purchase dat	e:	
Please send completed in Chisholm Street, Suite	_	unty Commissioners Office, 720 W.
	Please do not mark belo	
	INTEROFFICE USE	
to the Ambulance Comm	nittee.	Director for review and recommendation ecommendation to the Ambulance
County Request No Date Sent Out: tsb - 11/24/2015		Initials: