

ALPENA COUNTY AMBULANCE FUND FUNDING REQUEST

NAME OF REQUESTING
AGENCY: _____

Mailing Address: _____

Phone: _____

E-mail: _____

Fax: _____

Name & Title: _____

Description of service(s) provided by this program **OR** Description of equipment to be
purchased along with reason for request:

Fire Chief/Fire Administrator Signature

Date

Please attach quotes/bids/additional information.

Anticipated purchase date: _____

**Please send completed information to the Alpena County Commissioners Office, 720 W.
Chisholm Street, Suite 7, Alpena, MI 49707.**

Please do not mark below this line.

INTEROFFICE USE ONLY

- EMS Request - To be referred to the Medical Control Director for review and recommendation to the Ambulance Committee.
- Non-EMS Request - To be referred for review and recommendation to the Ambulance Committee.

County Request No. _____ Date Received: _____ Initials: _____

Date Sent Out: _____ Initials: _____