Emergency Medical Services - Ambulances

Municipality/Agency _____

Street Address _____

City, State, Zip Code _____

GPS Location Lat _____ Long _____ (decimal)

Contact Person _____

Contact Telephone Number _____ Cellular Number _____

Alternate Contact Person _____

Contact Telephone Number _____ Cellular Number _____

Alternate Contact Person _____

Contact Telephone Number _____ Cellular Number _____