



W.A.C.E.M.S.
 Western Arizona Council of Emergency Medical Services
 3463 W. 13th Pl Yuma, Arizona 85364
 (928) 246-4208 (888) 803-1540



REQUEST FOR ASSISTANCE:

- Equipment
- Education
- Other _____

Contact Name: _____ Date: _____

Organization: _____

Address: _____ City: _____ ZIP: _____

Phone: _____ FAX: _____ Email: _____

Reason for Assistance: _____

Cost:\$ _____ Amount of Funding Requested:\$ _____ Date needed: _____

Narrative: _____

Signature of Requestor: _____ Date: _____

.....
WACEMS USE ONLY

Date Approved: _____ Amount Approved:\$ _____

Check Date: _____ Check Number: _____

Date Sent: _____ Amount of Check:\$ _____

Check Authorization: _____