

**CITY OF TIFFIN
CONTRACT FOR AMBULANCE/EMT SERVICES**

WHEREAS, certain firms, organizations, and groups at times desire that an ambulance with attendants "stand by" at a particular site due to a perceived need greater than normal, and it is appropriate that such entities bear the cost of such services beyond those normally provided to the public.

THEREFORE, this contract, entered into this _____ day of _____ 2025, for due considerations given, by the City of Tiffin, hereafter referred to as the CITY, and **Regional Cross Country Meet** hereafter referred to as the REQUESTOR, provides for the following conditions:

1. The CITY shall provide a certified ambulance and attendants at the site designated and for the time period indicated, subject to the availability of said ambulance and attendants.
2. The REQUESTOR shall pay to the City of Tiffin the following fee for services provided under this contract. The sum of \$100.00 per hour, two hour minimum, additional time over 2 hours calculated in 15 minute increments.
3. Any emergency transportation required from the designated site to the emergency medical facility established by the CITY's standard procedures will be billed to and paid for by the PERSON TRANSPORTED.

SERVICE REQUESTED:

Date: October 25, 2025

Time: 9:00am till *End of Contest*

Site Name/Address: **Hedges Boyer Park
491 Coe St.
Tiffin, Ohio 44883**

CITY OF TIFFIN

REQUESTOR

Fire Chief

Authorized Signature

Date

Organization

Date

**CITY OF TIFFIN
CONTRACT FOR AMBULANCE/EMT SERVICES**

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THEREFORE, this contract, entered into this _____ day of _____ 2025, for due considerations given, by the City of Tiffin, hereafter referred to as the CITY, and **Sandusky Bay Conference** hereafter referred to as the REQUESTOR, provides for the following conditions:

1. The CITY shall provide a certified ambulance and attendants at the site designated and for the time period indicated, subject to the availability of said ambulance and attendants.
2. The REQUESTOR shall pay to the City of Tiffin the following fee for services provided under this contract. The sum of \$100.00 per hour, two hour minimum, additional time over 2 hours calculated in 15 minute increments.
3. Any emergency transportation required from the designated site to the emergency medical facility established by the CITY's standard procedures will be billed to and paid by PERSON TRANSPORTED.

SERVICE REQUESTED:

Date October 11, 2025

Time 9am till End of Contest

Site Name/Address: **Hedges Boyer Park
491 Coe St.
Tiffin, Ohio 44883**

CITY OF TIFFIN

REQUESTOR

Fire Chief

Authorized Signature

Date

Organization

Date

**CITY OF TIFFIN
CONTRACT FOR AMBULANCE/EMT SERVICES**

WHEREAS, certain firms, organizations, and groups at times desire that an ambulance with attendants "stand by" at a particular site due to a perceived need greater than normal, and it is appropriate that such entities bear the cost of such services beyond those normally provided to the public.

THEREFORE, this contract, entered into this _____ day of _____ 2025, for due considerations given, by the City of Tiffin, hereafter referred to as the CITY, and **Tiffin City Schools/Cross Country Carnival** hereafter referred to as the REQUESTOR, provides for the following conditions:

1. The CITY shall provide a certified ambulance and attendants at the site designated and for the time period indicated, subject to the availability of said ambulance and attendants.
2. The REQUESTOR shall pay to the City of Tiffin the following fee for services provided under this contract. The sum of \$100.00 per hour, two hour minimum, additional time over 2 hours calculated in 15 minute increments.
3. Any emergency transportation required from the designated site to the emergency medical facility established by the CITY's standard procedures will be billed to and paid by PERSON TRANSPORTED.

SERVICE REQUESTED:

Date: September 6, 2025

Time: 8:30am till End of Contest

Site Name/Address: **Hedges Boyer Park
491 Coe St.
Tiffin, Ohio 44883**

CITY OF TIFFIN

REQUESTOR

Fire Chief

Authorized Signature

Date

Organization

Date

**CITY OF TIFFIN
CONTRACT FOR AMBULANCE/EMT SERVICES**

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THEREFORE, this contract, entered into this _____ day of _____ 2025, for due considerations given, by the City of Tiffin, hereafter referred to as the CITY, and

Columbian Football

here after referred to as the REQUESTOR, provides for the following conditions:

1. The CITY shall provide a certified ambulance and attendants at the site designated and for the time period indicated, subject to the availability of said ambulance and attendants.
2. The REQUESTOR shall pay to the City of Tiffin the following fee for services provided under this contract. The sum of \$ 0.00.
3. Any emergency transportation required from the designated site to the emergency medical facility established by the city's standard procedures will be billed to and paid for by the person or guardian of the one transported.

SERVICE REQUESTED:

Date: August 29, 2025

Starting Tim 7:00pm till *End of contest*

Site Name/Address:

**Frost-Kalnow Stadium
300 S. Monroe St.
Tiffin, Ohio 44883**

CITY OF TIFFIN

REQUESTOR

Fire Chief

Authorized Signature

Date

Organization

Date

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CONTRACT FOR AMBULANCE/EMT SERVICES**

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THEREFORE, this contract, entered into this _____ day of _____, 2025, for due considerations given, by the City of Tiffin, hereafter referred to as the CITY, and

Columbian Football

here after referred to as the REQUESTOR, provides for the following conditions:

1. The CITY shall provide a certified ambulance and attendants at the site designated and for the time period indicated, subject to the availability of said ambulance and attendants.
2. The REQUESTOR shall pay to the City of Tiffin the following fee for services provided under this contract. The sum of \$ 0.00.
3. Any emergency transportation required from the designated site to the emergency medical facility established by the city's standard procedures will be billed to and paid for by the person or guardian of the one transported.

SERVICE REQUESTED:

Date: September 19, 2025

Starting Tim 7:00pm till *End of contest*

Site Name/Address:

**Frost-Kalnow Stadium
300 S. Monroe St.
Tiffin, Ohio 44883**

CITY OF TIFFIN

REQUESTOR

Fire Chief

Authorized Signature

Date

Organization

Date

**CITY OF TIFFIN
CONTRACT FOR AMBULANCE/EMT SERVICES**

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THEREFORE, this contract, entered into this _____ day of _____ 2025, for due considerations given, by the City of Tiffin, hereafter referred to as the CITY, and

Columbian Football

here after referred to as the REQUESTOR, provides for the following conditions:

1. The CITY shall provide a certified ambulance and attendants at the site designated and for the time period indicated, subject to the availability of said ambulance and attendants.
2. The REQUESTOR shall pay to the City of Tiffin the following fee for services provided under this contract. The sum of \$ 0.00.
3. Any emergency transportation required from the designated site to the emergency medical facility established by the city's standard procedures will be billed to and paid for by the person or guardian of the one transported.

SERVICE REQUESTED:

Date: October 10, 2025 Starting Tim 7:00pm till *End of contest*

Site Name/Address:

**Frost-Kalnow Stadium
300 S. Monroe St.
Tiffin, Ohio 44883**

CITY OF TIFFIN

REQUESTOR

Fire Chief

Authorized Signature

Date

Organization

Date

**CITY OF TIFFIN
CONTRACT FOR AMBULANCE/EMT SERVICES**

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THEREFORE, this contract, entered into this _____ day of _____ 2025, for due considerations given, by the City of Tiffin, hereafter referred to as the CITY, and

Columbian Football

here after referred to as the REQUESTOR, provides for the following conditions:

1. The CITY shall provide a certified ambulance and attendants at the site designated and for the time period indicated, subject to the availability of said ambulance and attendants.
2. The REQUESTOR shall pay to the City of Tiffin the following fee for services provided under this contract. The sum of \$ 0.00.
3. Any emergency transportation required from the designated site to the emergency medical facility established by the city's standard procedures will be billed to and paid for by the person or guardian of the one transported.

SERVICE REQUESTED:

Date: October 17, 2025 Starting Tim 7:00pm till *End of contest*

Site Name/Address:

**Frost-Kalnow Stadium
300 S. Monroe St.
Tiffin, Ohio 44883**

CITY OF TIFFIN

REQUESTOR

Fire Chief

Authorized Signature

Date

Organization

Date

**CITY OF TIFFIN
CONTRACT FOR AMBULANCE/EMT SERVICES**

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THEREFORE, this contract, entered into this _____ day of _____ 2025, for due considerations given, by the City of Tiffin, hereafter referred to as the CITY, and

Columbian Football

here after referred to as the REQUESTOR, provides for the following conditions:

1. The CITY shall provide a certified ambulance and attendants at the site designated and for the time period indicated, subject to the availability of said ambulance and attendants.
2. The REQUESTOR shall pay to the City of Tiffin the following fee for services provided under this contract. The sum of \$ 0.00.
3. Any emergency transportation required from the designated site to the emergency medical facility established by the city's standard procedures will be billed to and paid for by the person or guardian of the one transported.

SERVICE REQUESTED:

Date: October 24, 2025 Starting Tim 7:00pm till *End of contest*

Site Name/Address:

**Frost-Kalnow Stadium
300 S. Monroe St.
Tiffin, Ohio 44883**

CITY OF TIFFIN

REQUESTOR

Fire Chief

Authorized Signature

Date

Organization

Date