



GOVERNMENT OF  
THE UNITED STATES VIRGIN ISLANDS  
OFFICE OF THE GOVERNOR

**VIRGIN ISLANDS FIRE and EMERGENCY MEDICAL SERVICES**

*"Providing Safety, Service, and Satisfaction"*



St. Thomas/St. John: 385 William G. Lewis Drive, Estate Taarneberg, St. Thomas, VI 00802 ~ Tel: (340) 774-7610  
St. Croix: No. 3019 Orange Grove, St. Croix, VI 00820 ~ Tel: (340) 773-8050 ~ Fax: (340) 773-8032

**VIFEMS Medical Coverage Request**

Name of Organization: \_\_\_\_\_ Type of Event: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Location: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

Time of Event: \_\_\_\_\_ Expected Number of Participants: \_\_\_\_\_

For Emergency Responders, the following will be provided by the Organization:

☐ Bathrooms ☐ Meals ☐ Non-Alcoholic beverages Other: \_\_\_\_\_

Other Emergency Response Agencies Requested:

☐ VIPD Contact Person: \_\_\_\_\_ ☐ St. Thomas Rescue Contact Person: \_\_\_\_\_

☐ St. Croix Rescue Contact Person: \_\_\_\_\_ ☐ DPNR Contact Person: \_\_\_\_\_

Other Organization(s)/ Contact Person and Phone number:

\_\_\_\_\_  
\_\_\_\_\_

Request Approved ☐

Request Denied ☐

Reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

EMS Chief Signature: \_\_\_\_\_ Date forwarded to SRT Leader: \_\_\_\_\_

**ALL REQUESTS MUST BE SUBMITTED TWO WEEKS BEFORE THE EVENT  
DATE.**