

## EMERGENCY MEDICAL SERVICES PROGRAM MUNICIPAL SIGNATURE AND POPULATION VERIFICATION

This page is to be used to establish the primary service or contract area for an ambulance service provider under [Wis. Stat. § 256.15\(5\)\(a\)](#). The primary service or contract area for an ambulance service provider is used for both service provider licensure under [Wis. Stat. § 256.15\(5\)\(a\)](#) and to determine population for the EMS Funding Assistance Program. This form is not the EMS Funding Assistance Program application, but is to be used to obtain municipal population verifications used in completing the application. These municipal signatures are required under [Wis. Stat. § 256.12\(4\)\(a\)](#) in order to receive EMS support and improvement funding assistance. Please scan these completed pages and attach to your electronic application found in [E Licensing](#). If needed, return completed form and necessary attachments to [DHSEMSSMail@dhs.wisconsin.gov](mailto:DHSEMSSMail@dhs.wisconsin.gov) Fax number is 608 261 6392.

### 1. AMBULANCE SERVICE PROVIDER INFORMATION

Name of Licensed Service Provider	Service Provider License Number
Complete US postal mailing address	Federal Employer ID Number
<b>Signature</b> – Ambulance Service Director	Date Signed

### 2. CERTIFICATION OF MUNICIPALITY / CONTRACTING AGENCY(S)

Each municipality included in your **primary service area** must certify the actual **population served** and what **percentage of the total population** this represents. Each municipality that you serve as primary 911 ambulance service provider should have a population certification completed. Under [Wis. Stat. § 256.15\(6\)\(c\)\(2\)](#) this shall be done by the clerk of each county, city, town or village served by the ambulance service provider.

*Municipal Code* - The code that is used by the State of Wisconsin to identify the municipality (Usually in the format of XX-XXX)

*Population Served* – This is the total number of people that are served by the ambulance service provider (If the provider covers 25% of a population that is 100 then the population reported should be 25.)

*Percentage of total population the above represents* – What is the percentage of the total population that is being served in the number above (If the number is 25 of 100 then it should be reported as 25%.)

**(This page can be copied to use if there are more than one municipality in your primary service area.)**

By my signature, I certify that the information provided for the municipality is true to the best of my knowledge. I further certify that funds received under this program by or for the ambulance service provider will not be used to replace or decrease existing funds / budgets.

**(Check One)**    **County**    **City**    **Village**    **Township**    **Tribal**

Municipality Name	Municipal Code (XX-XXX)		
Mailing Address	City	State	Zip Code
Population Served by EMS provider	Percentage of total population represented		
Print Name of Clerk			
<b>SIGNATURE</b> - Clerk	Date Signed		