



SOUTHERN FOX VALLEY EMERGENCY MEDICAL SERVICES SYSTEM
300 Randall Road
Geneva, Illinois 60134
Office: (630) 938-8465
Fax: (630) 208-3496

Request for Letter of System Standing

Today's Date _____

Name _____
Last First Initial

Address _____
Number Street City State Zip

Home Phone _____ Work Phone _____

Southern Fox Valley Department _____

Are you leaving the system? Yes ___ No ___ If yes, date leaving: _____

If no, will SFVEMSS be your primary system? Yes ___ No ___

IDPH License Number: _____ Level of License: _____

IDPH License Expiration Date: _____

EMS System where you want the letter sent: _____

Date Needed _____

Attention: _____
Last First Initial

Address _____
Number Street City State Zip

Email address of receiving EMS system: _____

***** Please allow at least ten days for processing and mailing. *****

Signature _____ Date _____

Date Received: _____

Date Processed: _____