COUNTY OF LOS ANGELES
EMERGENCY MEDICAL SERVICES AGENCY

Los Angeles County Ambulance Ordinance Draft

Comment Form

Section Number: 7.16.____ / ____ / ____ Subsection(s): _____ Page No._____

Section Title: _____

Comments:

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Rationale: (add additional pages if necessary)

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Name: _____ Date: _____

Organization: _____ Phone: _____

Email: _____

Mailing Address: _____

Please send this form to **Phillip Santos, Ambulance Licensing Manager**
Los Angeles County EMS Agency: 10100 Pioneer Blvd. Suite 200, Santa Fe Springs, CA 90670
or via email to: psantos@dhs.lacounty.gov