BEFORE THE BOARD OF COUNTY COMMISSIONERS

FOR COLUMBIA COUNTY, OREGON

In the Matter of Renewing a Franchise for)	
Ambulance Services to Metro West Ambulance)	ORDER NO. 16-01
Service for Service Area 7 [Vernonia])	

WHEREAS, pursuant to Section 6 of Ordinance No. 90-23, Columbia County Ambulance Service Ordinance, the Board of County Commissioners for Columbia County, Oregon, adopted Ambulance Service Areas and, pursuant to Section 8 of that Ordinance, the Board mandated that no person may provide ambulance service in Columbia County without being fully franchised in accordance with the applicable provisions; and

WHEREAS, pursuant to Section 9 of the Ordinance, and the Board of Columbia County Commissioners Order No. 169-95, on July 18, 2000, the Ambulance Service Administrator called for the submittal of franchise renewal applications; and

WHEREAS, also pursuant to Section 9, on September 1, 2000, the Ambulance Service Administrator received from Metro West Ambulance Service its renewal application for the franchise to operate in Ambulance Service Area 7 (SA-7), which is generally in the Vernonia area; and

WHEREAS, pursuant to Section 11 of the Ordinance, John E. Clouse, Ambulance Service Administrator, reviewed the renewal application and recommended that the Board renew the ambulance service franchise to applicant, said recommendation being expressed in Mr. Clouse's December 18, 2000, memorandum to the Board, which is attached hereto, labeled Exhibit "A" and incorporated herein by this reference; and

WHEREAS, pursuant to Section 12 of the Ordinance, the Board, upon receipt of the Administrator's recommendation, published Notice of the public hearing and, as advertised, heard the matter at their December 20, 2000, meeting, at which time they considered the renewal application and the Administrator's recommendation:

NOW, THEREFORE, IT IS HEREBY ORDERED that the ambulance service franchise for Service Area 7 is hereby granted to Metro West Ambulance Service for the period beginning January 1, 2001, and ending December 31, 2005.

DATED this <u>3/3t</u> day of January, 2001.

BOARD OF COUNTY COMMISSIONERS FOR COLUMBIA COUNTY, OREGON

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By:

Commissioner

By: _

Commissioner

Approved as to form

Office of County Counsel

EXHIBIT A

COLUMBIA COUNTY DEPARTMENT OF EMERGENCY MANAGEMENT

Courthouse, St. Helens, OR 97051 * 503-366-3905 * FAX 397-7248 * clousej@co.columbia.or.us

DATE:

December 18, 2000

TO:

Board of Columbia County Commissioners

FROM:

John E. Clouse

SUBJECT:

Recommendation Regarding Ambulance Service Franchise Renewal Application

Enclosed is a copy of the two-page franchise renewal application received from Metro West Ambulance Service. The renewal application was submitted in response to my request dated July 26, 2000. They have applied for a renewal of their franchise to operate an ambulance in Service Area 7 (SA-7) which is generally the Vernonia area. The entire application is on file in my office if you wish to view it.

I have reviewed their renewal application and found they have provided all the required information. I also had Ruth Baker look at the financial parts of the application as well as a copy of their last audit, and John Knight looked at the insurance coverage and wording. Ruth found no irregularities, and all wording problems found by John in the Additional Insured, Certificate Holder and Cancellation areas have been corrected by the insurance carriers.

Based upon the information provided and their past performance, I feel they will continue to provide adequate ambulance service within Service Area 7.

I recommend that a franchise to provide ambulance service within Service Area 7, under the terms, conditions and duties as listed in Columbia County Ambulance Service Ordinance Number 90-23, be granted to Metro West Ambulance Service beginning January 1, 2001 and ending December 31, 2005.

John E. Clouse, orcems

Ambulance Service Area Administrator

RENEWAL APPLICATION FOR AMBULANCE SERVICE FRANCHISE

Submit Application to:

Columbia County Department of Emergency Management 270 Columbia Blvd., St. Helens, OR 97051

1. Name of Rural Fire Protection District: Met	no West Ambulance Service - Vernon;	
2. Address: P.O. Box 1635 Hills	oro, OR 97123 Phone: 503-648-6658	
3. Name of Fire Chief: PAul Eplex		
4. Name of Emergency Medical Services Director/Coordinator: Shmvt/ Fittoman		
5. Ambulance Service Area currently franchised to serve: SA-7 Vennia		
6. Ambulance service will be provided from the following locations:		
Location/Address 555 E. Beioge St Vermon	Level of Service ALS BLS	
7. Will any of the ambulance service be sub-contracted? (Circle one) If "YES," attach a copy of the sub-contract. (Ord. 90-23, Sec. 9, 3c.) Attach a list of personnel to be used in providing ambulance services and their current EMT certification number or other appropriate certification. (Ord. 90-23, Sec. 9, 3f.)		
STATE OF OREGON) Washington) ss. County of Columbia) SUBSCRIBED AND SWORN to before me this 15t day of Scotembee, 2000.	being first duly sworn, do declare that the statements contained in this application and attachments hereto are true and correct to the best of my knowledge.	
Katria f Lough. Notary Public for Oregon My Commission expires: Oct. 10, 2003	(Applicant Signature)	
Application Received: September / 2000By: John E. Clouse Administrator's Recommendation: Recommend approval, green		

Witnessing or Attesting a Signature

State of OREGON

County Washington Sept 1st 2000by J. D. Fuiten

Katrina J. Gough Notary Public - State of Oregon

My commission expires: Oct, 10, 2003



