



# LEGAL REQUEST MEMORANDUM (LRM)

From: (Name) Kruger Robert (Dept) Fire-Rescue - 3355  
 Last First  
 (Title) Deputy Chief (Phone) 352-671-8305  
 Signature [Handwritten Signature] Date Friday, January 23, 2026

The Office of the County Attorney is requested to provide legal assistance as detailed in this legal request and supporting documents (attached).

Request for:  Draft Document  Approve as to Form  RESUBMIT LRM No. \_\_\_\_\_  
 Legal Opinion  Other

### Description of Request

Marion County is proposing revisions to the transport restrictions applicable to HCA Ocala, AdventHealth Ocala, and American Ambulance to provide limited operational flexibility by allowing hospital-based transport services to assist one another when necessary. The current restrictions do not permit hospital-based systems to provide reciprocal interfacility or discharge transport assistance. The proposed revisions are intended to allow such assistance under defined conditions while maintaining existing system controls.

Please review and advise if any changes are needed.

For more information or discussion, contact:  Same as above  
 (Name) \_\_\_\_\_ (Title) \_\_\_\_\_ (Phone) \_\_\_\_\_  
 Last First

Agenda Item?  Yes  No Agenda Date: Tuesday, February 17, 2026  
 Agenda Deadline Date for **Legal**: Friday, January 23, 2026 Agenda Deadline Date for **Admin**: Thursday, February 5, 2026

**Note: Please allow a MINIMUM of 5 working days BEFORE deadlines for LRM to be completed.**

DO NOT COMPLETE - Office of the County Attorney use ONLY

LRM No. 2026-63

Assigned to:  Matthew Guy Minter, County Attorney  Dana E. Olesky, Chief Asst. County Attorney  Linda Blackburn, Asst. County Attorney  Thomas Schwartz, Asst. County Attorney  Valdoston Shealey, Asst. County Attorne

### Outcome:

Approved as to form and legal sufficiency  
 Approved with revisions:  Suggested  Completed  
 Other:

Date Received:

**RECEIVED**  
 By Marion County Attorney LZ at Jan 23, 2026

Attorney Signature: [Handwritten Signature] Date 1/26/26  
 Staff Signature: [Handwritten Signature] Date: 1/26/26 Returned:  Department  Admin  Completed