



AMBULANCE MEMBERSHIP PROGRAM OPT-OUT NOTICE

If you **DO NOT** wish to participate in the Ambulance Membership Program fill out the opt-out form below and return to City Hall by May 31, 2018.

DECLINE PARTICIPATION* (May 2018)
(Please Print Clearly)

Name: _____

Physical Address: _____

City: Tuttle State: OK Zip: 73089

Home Phone: (_____) _____

Cell Phone: (_____) _____

Work Phone: (_____) _____

Email: _____

Mailing Address if different than Physical: _____

City: _____ State: _____ Zip: _____

Sign Here: _____ Date: _____

*I understand that by declining to participate in the Tuttle Ambulance Membership Program that I will be responsible for any and all charges due to emergency medical services rendered to any resident of said address and by declining to participate at this time I will not be able to enroll in the Program until the following May.

Account Number: _____
7.1.18-6.30.19

May 2018