

**** READ THIS ****

Ambulance Membership Program Opt-Out Notice

In response to the concern of people not reading their utility bills, the Tuttle City Council has authorized to offer another Ambulance Membership Program Opt-Out time period for those residents who did not respond to their previous notices. Credits for the month of July will not be given.

If you **DO NOT** wish to participate in the Ambulance Membership Program fill out the opt-out form below and return it to City Hall by August 20, 2010.

Mail your completed form to:

Tuttle City Hall
PO Box 10
Tuttle, OK 73089

Or drop off at:

Tuttle City Hall
301 W Main St

DECLINE PARTICIPATION* (Aug 2010)
(PLEASE PRINT CLEARLY)

Name: _____ Phone: (____) _____

Home Address: _____ Apt # _____ Tuttle OK 73089

Email: _____

Mailing Address if different than Home:

_____ City: _____ State: _____ Zip: _____

Please list all immediate relatives living at your residence.

Name and Relationship to you

_____/_____ / _____/_____

_____/_____ / _____/_____

Sign Here _____

* 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.