



City of Tuttle

A SMALL COMMUNITY, WELL CONNECTED.

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CITY OF TUTTLE EMS MEMBERSHIP FORM

(PLEASE PRINT CLEARLY)

Name: _____

Physical Address: _____

Apt#: _____ City: Tuttle State: OK Zip: 73089

Home Phone: (____) _____

Cell Phone: (____) _____

Work Phone: (____) _____

Email: _____

Mailing address if different than physical address:

City: _____ State: _____ Zip: _____

Please list all immediate relatives living at your residence

Name and Relationship to you

_____ / _____

_____ / _____

_____ / _____

_____ / _____

_____ / _____