



City of Tuttle

A SMALL COMMUNITY, WELL CONNECTED.

PO BOX 10 • 221 W MAIN ST • TUTTLE, OK 73089 • (405) 381-2335 • FAX (405) 381-3852 • WWW.CITYOFTUTTLE.COM

CITY OF TUTTLE EMS MEMBERSHIP OPT-OUT NOTICE

DECLINE PARTICIPATION
(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: _____

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 CHANGES 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 THEIR
PROGRAM UNTIL THE FOLLOWING **MAY**. ****

Account # _____