

CITY OF EDMOND RESIDENT NOTIFICATION

I understand that _____
Property Name

located at _____ has opted not to
Address

participate in the City of Edmond's EMSACare Ambulance Program. I understand that failure to participate in the Program will subject me, as a resident of the afore mentioned property, to the full fee for the costs associated with my treatment, should I require EMSACare ambulance service.

****As of December 29, 2008, EMSA's emergency charge is \$1,100 plus \$9.00 per mile.****

I understand that as a resident of the afore mentioned property, I may receive program benefits by contacting EMSACare directly and enrolling in the EMSACare Program individually. Edmond's EMSACare enrollment period lasts until October 31st with memberships valid through October 31st of the following year.

Signature

Date

Printed name

Address

City

State

Zip

For more information on the EMSACare program, contact EMSA at:

1111 Classen Dr
Oklahoma City, OK 73103-2616
(405) 297-7100 www.emsaonline.com

If the tenant refuses to sign notification, enter the tenant's name and address above and complete the section below.

The afore mentioned tenant was notified of this property's non-participation in the City of Edmond/EMSACare Ambulance Program on _____
Date

Printed name

Signature