

CITY OF EDMOND RESIDENT NOTIFICATION

I understand that _____
Property Name

located at _____
Address

has opted NOT to participate in the City of Edmond's Ground 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 ambulance service.

****As of September 2023, the ground transport ambulance emergency charge is \$1,300 plus \$19.00 per mile.****

I understand that as a resident of the afore mentioned property, I may receive program benefits by contacting the provider directly and enrolling in the Program with an individual membership.

Signature

Date

Printed name

Address

City

State

Zip

For more information on the AMR program membership, contact

AMR at:
(844) 793-8426

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 Ground Ambulance Program on _____.
Date

Printed name

Signature