CITY OF GRANDVIEW
CAREFLITE CARING-HEART MEMBERSHIP OPT OUT FORM

Name: _____

Address: _____

City/State/Zip Code: _____

Utility Account #: _____

The undersigned hereby notifies the City of Grandview that he/she is the authorized account holder of the above account and that he/she exercises the right to opt out of the $1.00 per month fee for the Caring-Heart Membership. The undersigned acknowledges that the fee will be removed at the conclusion of the next billing cycle except for those forms filed at City Hall on or before May 31, 2013. Forms filed on or before that date will not participate in the program which starts on June 1, 2013. As a result of opting-out, I acknowledge that no one in my household will receive the benefits of the Caring-Heart Membership Program, which protects families against out of pocket costs for CareFlite's air and ground ambulance service.

_____ _____

Signature Date Signed

_____ _____

City Official Witnessing Signature Above Date Signed

For City Use Only:

☐ $1.00 CareFlite Membership Fee removed from account shown above on _____

by _____ (City Employee).