

# Sierra Saver Ambulance Subscription Application East Fork Fire Protection District

*"Serving the Fire and Life Safety Needs of our Community"*

## **Application Instructions**

1. Each applicant must complete and return the Sierra Saver Ambulance Subscription Application and the Subscription Program Agreement.
2. Include payment in the envelope provided, along with your completed and signed application and agreement.
3. If there are not enough spaces for all members of your household, please use another piece of paper and add the applicants' complete information

New Subscription

Renewal

## **Head of Household**

I have health Insurance (fee is \$50)

I do not have health Insurance (fee is \$100)

Last Name  First Name  Email

Mailing Address  City  State  Zip

Contact Phone #  Social Security #  Date of Birth

Insurance Co. Name  Insurance Co. Address

Insurance Co. Phone #  Policy ID #

Policy Holder

## **Spouse**

Last Name  First Name

Mailing Address  City  State  Zip

Contact Phone #  Social Security #  Date of Birth

Insurance Co. Name  Insurance Co. Address

Insurance Co. Phone #  Policy ID #

Policy Holder

## **Other Family Members/Dependents Residing at Address**

Last Name  First Name  Date of Birth

Last Name  First Name  Date of Birth

Last Name  First Name  Date of Birth

Last Name  First Name  Date of Birth

Last Name  First Name  Date of Birth

Last Name  First Name  Date of Birth

