



NONPARTICIPATION ELECTION FORM

I, _____ located at
_____ Utility Customer

_____ Address _____ Phone Number
hereby elect not to participate in the City of Broken Arrow's Emergency Medical Services Program known as LifeRide. I understand that failure to participate in the Program will subject me and all occupants of the residence to the full fee for the costs associated with my treatment, should I require emergency medical services provided by the City of Broken Arrow's Fire Department. Currently, the average cost of an emergency medical transport is \$1,500.00.

Dated: _____

Signature of Authorized Utility Account Holder

Utility Account Number

Printed Name

Address

City, State, ZIP

If you are declining participation, you are required to submit this completed form on or before August 31, 2020, to:

LifeRide Program
City of Broken Arrow
PO Box 610
Broken Arrow, Oklahoma 74013

Forms can be dropped off at the Utility Customer Service window at 220 S. First Street or emailed to liferide@brokenarrowok.gov. For more information on the City of Broken Arrow's LifeRide Program, call (918) 259-6595, or visit the LifeRide website at

www.liferideba.org