



**City of Gustavus**  
PO Box 1  
Gustavus, Alaska 99826  
Phone: (907) 697-2451

## Ambulance Subscription Program

### 2024 RENEWAL FORM

**\*\*Subscriptions expire annually on December 31st.\*\***

**Subscriber(s)** \_\_\_\_\_

**Subscription Type:**

**Household \$25**

**Individual \$10 each**

**Changes in household subscribers since previous year:**

**Changes to insurance since previous year  
(provide copy of card):**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Per City of Gustavus Municipal Code 6.02 and Resolution CY19-18.

**Method of Payment:**

Enclosed check# \_\_\_\_\_ made payable to: City of Gustavus

OR

Visa / MC Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Address for Credit Card: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Authorized signature of cardholder: \_\_\_\_\_

**For Office Use Only:**

Amount \$ \_\_\_\_\_ Cash Receipt # \_\_\_\_\_ Ck# \_\_\_\_\_ CC Authorization \_\_\_\_\_

Date Paid \_\_\_\_\_ Entered \_\_\_\_\_ Initials \_\_\_\_\_ ASP Card # \_\_\_\_\_