



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



**Ambulance Subscription Program**  
**2020 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.

**For Office Use Only:**

Amount \$ \_\_\_\_\_ Cash Receipt # \_\_\_\_\_ Ck# \_\_\_\_\_ CC Authorization \_\_\_\_\_  
Date Paid \_\_\_\_\_ Initials \_\_\_\_\_ Entered \_\_\_\_\_ Notes \_\_\_\_\_