



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

Ambulance Subscription Program

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 _____ Entered _____ Initials _____