

North Lyon County Fire Protection District

195 East Main Street, Fernley, NV 89408 (775) 575-3310

www.northlyonfire.com

Ambulance Subscription Application

A separate application must be filled out for each Subscriber and each Dependent family member. To be eligible for enrollment all questions must be answered completely. Application(s) must be submitted with signed Ambulance Subscription Program Agreement and applicable annual fee. \$75.00 for a household; \$50.00 for a single person household.

Please print legibly

Subscriber	Dependent	
Name: _____		
_____	_____	_____
Residence Address: _____		
Street Address		City/ZIP
Mailing Address: _____		
		City/ZIP
Phone: _____		
Home		Work
Social Security #: _____	Date of Birth: _____	
Medicare #: _____	Medicaid #: _____	
Insurance Carrier #1: _____		
Address: _____		
Policy #: _____	Group #: _____	
Insurance Carrier #2: _____		
Address: _____		
Policy #: _____	Group #: _____	
Employer: _____		
Occupation: _____		
Address: _____	Phone: _____	
Signature: _____	Date: _____	