

# North Lyon County Fire Protection District

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

[www.northlyonfire.com](http://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. \$120.00 for a household; \$80.00 for a single person household.

**Please print legibly**

Subscriber  Dependent

Name: \_\_\_\_\_  
Last First Middle

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:** \_\_\_\_\_