

Declaration of Nonparticipation
In the
City of Terrell Medical Service Program

I _____, a resident of _____,
[Full Name] [Street Address]

in Terrell Texas , make this declaration of nonparticipation in the City of Terrell Medical Service Program. I understand by making this declaration that I and all of the permanent residents of my household will be excluded from benefits of the Medical Service Program, and furthermore, I understand that I and all the permanent residents of my household will be subject to the full cost of an emergency ambulance transport and other billable expenses.

_____, _____
Signature Date