



City of Venus, Texas

Opt Out Form

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Utility Account # \_\_\_\_\_

The undersigned hereby notifies the City that he/she is the authorized account holder of the above account and that he/she exercises the right to opt out of the \$1 per month fee for the Caring-Heart Membership. The undersigned acknowledges that the fee will be removed at the conclusion of the next billing cycle except for those forms filed with the City on or before October 1, 2014. Forms filed on or before that date will not participate in the program from its start on October 1, 2014. As a result of opting-out, I acknowledge that no one in my household will receive the benefits of the Caring-Heart Membership Program which protects families against out of pocket costs for CareFlite's air and ground ambulance service.

\_\_\_\_\_  
Signature Date Signed

\_\_\_\_\_  
Person Witnessing Signature Above Date Signed

**For City Use Only:**

\$1 CareFlite Membership Fee removed from account shown above on \_\_\_\_\_  
by \_\_\_\_\_.