



Mountain Peak Special Utility District
Opt Out Form

Name: _____
Address: _____
City/State/Zip Code: _____
Utility Account # _____

The undersigned hereby notifies the Mountain Peak Special Utility District 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 at 5671 Waterworks Road, Midlothian, Texas 76061 on or before _____, _____. Forms filed on or before that date will not participate in the program which starts on November 1, _____. 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

District Official Witnessing Signature Above Date Signed

For Utility District Use Only:

- \$1 CareFlite Membership Fee removed from account shown above on _____
by _____ (Utility District Employee).