



**Caring-Heart Opt Out Form  
Single Family Residences**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Water Account # \_\_\_\_\_

The undersigned hereby notifies the City of Forney Water system 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 of Forney Water system on or before December 15, 2016. Forms filed on or before that date will not participate in the program from its start on January 1, 2017. 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

\_\_\_\_\_  
City of Forney Water system Designee Signature

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

**For City of Forney Use Only:**

- \$1 CareFlite Membership Fee removed from account shown above on \_\_\_\_\_  
by \_\_\_\_\_ (City of Forney Water system Designee).