



City of Van

Mailing Address: P.O. Box 487

Physical Address: 113 W. Main

Van, Texas 75790

Phone: (903) 963-7216 **Fax:** (903) 963-5643

Date: _____

I _____ request for Ambulance fee of \$4.00 per month be removed from my account. I am aware of the service provided when this fee is paid, however I choose not to accept it.

Account name: _____

Account number: _____

Address: _____

Customer Signature

City Representative