



City of Westminster

FINANCE DEPARTMENT
8200 Westminster Blvd
Westminster CA 92683
714-894-3796

PARAMEDIC SUBSCRIPTION PROGRAM APPLICATION - RESIDENTIAL

FOR OFFICE USE ONLY

Entered By _____

Date _____

Account # _____

Application Date

____ / ____ / ____

Resident Information

Billing Name: _____
(Last Name) (First Name)

Service Address: _____

Fees

Billing Options

Bi-monthly Paramedic Subscription **\$ 7.00**

- Check this box to be billed \$7.00 on each bi-monthly water bill
- Enter your water account # below

____-____-____

- Mail this form to:

City of Westminster
Finance Department
8200 Westminster Blvd
Westminster, CA 92683

Annual Paramedic Subscription **\$42.00**

- Check this box to be billed \$42.00 annually
- Make check payable to **City of Westminster**
- Mail this form with payment to:

City of Westminster
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8200 Westminster Blvd
Westminster, CA 92683