



## Volunteer Fire Department Opt In Form

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_  
Account Number: \_\_\_\_\_

By signing below, I notify College Mound SUD that I am the authorized account holder of the above stated account, and I exercise the right to Opt IN to the amount of \$\_\_\_\_\_ per month added to my water bill.

I want my monthly donations to go to:

- College Mound VFD  
 Elmo VFD

I understand it is my right to opt out at any time I wish to stop making donations.

I understand my monthly donations will be given to the VFD of my choice as marked above, at the end of each month.

\_\_\_\_\_  
Authorized person of above account

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

\_\_\_\_\_  
Received by CMSUD employee

\_\_\_\_\_  
Date Received