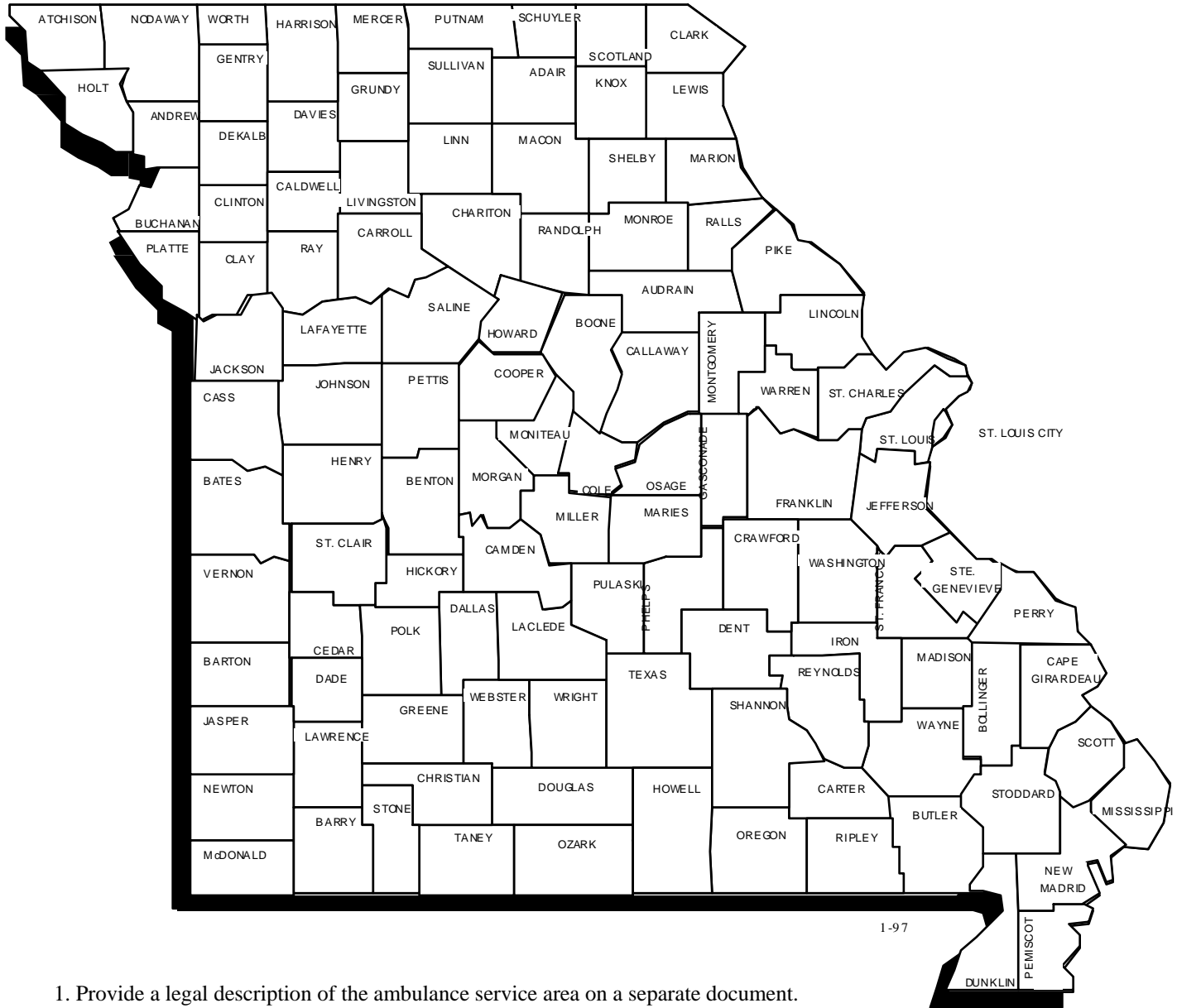


MAP OF AMBULANCE SERVICE AREA (Shade in your service area on the map below)



1-97

1. Provide a legal description of the ambulance service area on a separate document.
2. Is this a change in your service area since your last licensure period?
 Yes No
3. List name or names of emergency medical response agencies (BLS or ALS) in your service area.
 1. _____
 2. _____
4. Do you have a memorandum of understanding with each of the EMRA's listed above?
 Yes No

MANAGER SIGNATURE	DATE
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