

**XYZ Ambulance Service
1000 Training Ave
Ambulance City, OK 12345**

MUTUAL AID AGREEMENT

I (We) doing business as XYZ Ambulance,
an Emergency Medical Service in the County of Anywhere,
State of Oklahoma, do hereby agree to provide emergency assistance to any
adjacent Emergency Medical Service in times of disaster, or when called upon.

I (We) reserve the right to charge, and collect, our normal or customary fee(s)
when rendering this assistance.

I (We) also reserve the right to refuse service, if rendering such assistance would
leave my (our) primary coverage area without Emergency Medical Service.

Once we agree to cover your area, we understand that we cannot drop it without
ensuring that coverage is maintained by a licensed agency. Notification to the
originating agency will be done immediately following this occurrence.

(Printed Name of Signature)

(Signature)

(Title)

(Date)