

MEDFORD VOLUNTEER AMBULANCE
MONTHLY MEETING EXCUSE FORM REQUEST

Dear Secretary,

I _____ will be unable to attend the
(Please print name and shield number)
monthly meeting do to the following reason.

Please mark me excused for the monthly meeting of _____
(Please print month/day/year)

I understand that this letter must be time date stamped and placed in the secretary's mailbox prior to the monthly meeting (second Tuesday of each month at 1900 hours) in order for me to request to be excused. This does not absolve me from reading the posted minutes and signing them as per the Rules, Regulations, By-laws and SOP's of Medford Volunteer Ambulance.

(Signature)

DO NOT WRITE BELOW THIS LINE

SECRETARY'S COPY -ORIGINAL

LOSAP COPY

TIME DATE STAMP