

**San Joaquin Operational Area Healthcare Coalition
Mutual Aid Memorandum of Understanding for Healthcare Organizations**

IN WITNESS WHEREOF, the undersigned have executed this Agreement on behalf of:

Agency/Organization Name

Address

City

State

Zip Code

By:

Name¹

Signature

Date

Title

Telephone Number

Email Address

Submit this original signature page to:

San Joaquin County Emergency Medical Services Agency
P.O. Box 220
French Camp, CA 95231
Attn: MOU Administrator

¹ Authorized by the agency/organization to sign this MOU