OTTER TAIL
COUNTY - MINNESOTA

ADMINISTRATION
Government Services Center
520 West Fir Avenue
Fergus Falls, MN 56537

October 20, 2026

Dylan Ferguson, Director
MN Office of Emergency Medical Services
335 Randolph Avenue
Saint Paul, MN 55102

Re: Application for License to Operate an Ambulance Service in Minnesota

Dear Mr. Ferguson,

Otter Tail County is pleased to submit this application packet for consideration of issuance of a license to operate an ambulance service in the area currently identified as EMS#: 0192 and commonly referred to as the Pelican Rapids Primary Service Area (PSA), upon the expiration of the license currently held by Ringdahl Ambulance in March 2027.

We are undertaking this application to ensure the availability and sustainability of emergency medical services to the 19 cities and townships, in whole or part, that are included in the defined service area.

While not an ambulance service provider, Otter Tail County requests issuance of a license for this area so that we may execute a Request for Proposal (RFP) process to select a well-qualified ambulance service provider, and provide financial stability through a Subordinate Service District, as allowed by Minnesota Chapter 375B.

The enclosed packet was completed in good faith and to provide as much information as is available to us. In addition to the application, the submission includes notations for each component, providing an explanation of how the information was derived and steps Otter Tail County will take to ensure absent information is provided as the county secures a provider for the PSA.

We look forward to continuing work with the Office of EMS on this application to ensure emergency medical services remain available to the residents and visitors to the Pelican Rapids area.

Sincerely,

Nicole Hansen
County Administrator

cc: Nicole Loomis, Field Operations Supervisor – *via email*

Part I - Application for License to Operate an Ambulance Service in Minnesota

Check all that apply:

☒ **INITIAL LICENSE (Any level)**

☐ **CHANGE IN TYPE OF SERVICE (BLS to ALS or ALS to Part-time ALS)**

☐ **RELOCATION OF BASE OF OPERATIONS TO NEW MUNICIAPLITY OR TOWNSHIP (if required under MS 144E.15)**

☐ **EXPANSION OF PSA**

1. Service Name

Service Name Otter Tail County		
Business Address 500 West Fir Avenue		
City Fergus Falls	**State** Minnesota	**Zip** 56537
Manager Nicole Hansen, County Administrator		

2. Phone Numbers

Daytime 218-998-8070
Alternate / Pager
Fax
Email nhansen@ottertailcounty.gov

3. Base of Operation

Address or location		
City Pelican Rapids	**State** Minnesota	**Zip** 56527
County Otter Tail County		

4. Type of license(s) being requested

☐ **Basic Ambulance**

☐ **Basic Ambulance Specialized**

☐ **Basic Ambulance Specialized (Air)**

☒ **Advanced Ambulance**

☐ **Advanced Ambulance Specialized**

☐ **Advanced Ambulance Specialized (Air)**

☐ **Part-time Advanced Ambulance**

5. Type of Operation

☐ **Fire**

☐ **Police**

☒ **Other Public Service**

☐ **Hospital**

☐ **Private**

☐ **Other**

6. Volunteer Status

☐ **All Volunteer**[1] ☐ **Mix Paid/Volunteer** ☐ **All Paid**

7. Ownership

Owner Name Otter Tail County		
Business Address 500 West Fir Avenue		
City Fergus Falls	**State** Minnesota	**Zip** 56537
Owner Email		**Phone**

Ownership Type

☒ **County** ☐ **U.S. PHS** ☐ **Other Nonprofit**
☐ **City** ☐ **Federal** ☐ **Partnership**
☐ **City/County** ☐ **Nonprofit Corporation** ☐ **For Profit Corporation**
☐ **Hospital** ☐ **Individual** ☐ **Tribe**

License Owned by a Licensed Health Care Facility ☐ **Yes** ☒ **No**

8. Substations

List substation location(s) where vehicles, personnel or equipment will be located (substations must be within the primary service area.)

Address or location			
City	**State**	**Zip**	**County**

Address or location			
City	**State**	**Zip**	**County**

Address or location			
City	**State**	**Zip**	**County**

[1] Volunteer ambulance attendant is defined as a person making less than $6,000 per year from their services to the ambulance and show livelihood does not depend on the volunteer pay.

9. Medical Directors

Physician's Name		
Address		
City	State	Zip
Email		Phone

Has the physician been trained in Advanced Cardiac Life Support? ☐ **Yes** ☐ **No**

Has the physician been trained in Advanced Trauma Life Support? ☐ **Yes** ☐ **No**

Does the physician volunteer their services as medical director? ☐ **Yes** ☐ **No**

10. Affiliated Medical Institution/Base Hospital (if any)

Institution Name and Address		
City	State	Zip
Hospital Administrator		
Email		Phone

11. Mutual Aid

List current written agreements with Minnesota licensed service(s) to provide back-up coverage for ambulance service. Submit a copy of each agreement submitted with this application.[2]

Mutual Aid Service		EMS Number
City	State	Zip

Mutual Aid Service		EMS Number
City	State	Zip

Mutual Aid Service		EMS Number
City	State	Zip

[2] Agreement must be current, signed, and reviewed at least every 24 months. Attach additional sheets if necessary.

12. Response Times

Estimate the maximum and average response times from the base of operations or substation(s) to the most distant point within your primary service area.

Maximum Response Time	30	**Minutes (most distant point)**
Average Response Time		**Minutes**

List the maximum distance from your base of operations or substation to the most distant point in your primary service area:

25	**Miles**

13. Population to be Served

Provide the estimated population of residents and visitors in your primary service area (scheduled services need not answer).

Residents	12,500	**Visitors**	5,000

14. Utilization

Provide estimates for each type of ambulance run anticipated in the next twelve months.

Basic Runs	178
Basic Specialized Runs	
Advanced Runs	267
Advanced Specialized Runs	
Total Runs (All Types)	445

15. Revenue and Cash Contributions

Estimate the total operating revenue from all sources for the 12 months:

Annual from operations (fees for services, third party payment, etc.	**.00**
Annual non-operating revenues (subsidies, gifts, grants, contracts, interest, etc.)	**.00**
Total Revenue and Cash Contributions	**.00**

16. Revenue Sources

Estimate the approximate percentage of revenue and cash contributions received from each of the following sources (these should total 100%). Round to the nearest **whole** percentage.

Third party payment (Medicare, Medicaid, Private Insurance)	**%**
Patient charges (direct payment method)	**%**
Community Health Service subsidy	**%**
Other public subsidy or grant	**%**
Private grants, personal gifts	**%**
Training reimbursement	**%**
Other – specify	**%**
Total	**%**

17. Non-Cash Contributions

Estimate the financial value of in-kind contributions for the next 12 months:

Volunteer staffing (including medical director)	**.00**
Equipment, vehicles, facilities, space	**.00**
Other contributions (supplies, publicity, insurance, etc.)	**.00**
Total Annual Contributions	**.00**

18. Average Patient Charges

Provide the expected patient charge for the first 12 months of service:

ALS average patient charge (including scheduled)	1825 **.00**
BLS average patient charge (including scheduled)	1400 **.00**
Special transportation average patient charge (non-medical)	**.00**

19. Expenses

Provide estimated annual operating expenses for the next 12 months at the level of service specified by this application:

Personnel (salary and fringe)	**.00**
Capital-related (depreciation, interest on loans, etc.)	**.00**
Estimated uncollectible accounts	**.00**
Vehicle operations	**.00**
All other expenses	**.00**
Total Annual Expenses	**.00**

20. Method of Accounting

☐ **Accrual** ☐ **Cash** ☐ **Other, specify_____**

21. Personnel

Provide the names and telephone number for individuals responsible for the following:

On-site Inspection by the OEMS:

Name	**OEMS #**	**Phone**
Email		**Mobile**

Training and Continuing Education for Personnel:

Name	**OEMS #**	**Phone**
Email		**Mobile**

22. Radio Communications

	Initial here attesting that vehicles are equipped with 2-way communication devices in accordance with MR 4690.2000.

23. Personnel Roster

List the number of personnel on the service roster with current registration / certification at the following levels. List the highest level for each employee.

	Volunteer[3]	**Paid**
Emergency Medical Technician		
Advanced Emergency Medical Technician		
Paramedic		
Emergency Medical Responder		
Other (RN, MD, PA)		
Total number active on roster		

[3] Volunteer ambulance attendant is defined as a person making less than $6,000 per year from their services to the ambulance and whose livelihood does not depend on the volunteer pay.

Current Active Roster

The current active roster must include the full name, current certification / registration level, Minnesota OEMS number, and expiration date for each member of the service. All active personnel with an expired registration / certification are NOT able to work on an ambulance; there is no grace period for persons on the active roster for a licensed ambulance service. ***Do not submit copies of cards with this roster.***

Name (Last / First / MI)	Qualification (EMR, EMT, AEMT, Paramedic)	OEMS#	Expiration Date	Paid / Volunteer

24. Vehicles

List current or expected vehicle(s) to operate the proposed service. Add additional rows or pages as needed.

VIN #	Year	Make	Model	Unit #	Box Manufacturer	Chassis Remount (Y/N)

- **VIN #**
- **Year:** year vehicle was manufactured
- **Make:** make of the vehicle (e.g., Chevrolet, Ford, etc.)
- **Model:** Chassis model (E350, ProMax 2500, etc.). If other than ground vehicle, list type (fixed wing, rotor wing, etc.)
- **Unit #:** unit number assigned to vehicle by the ambulance service.
- **Box Manufacturer:** maker of the patient compartment
- **Chassis Remount:** Yes or No

25. Attestation

I attest that the information contained in this application and its attachments is true and correct to the best of my knowledge.

Nicole Hansen

10-20-2026

Signature of company officer or legally authorized official **Date**

County Administrator

218-998-8070

Title **Phone**

Required Documentation

Attachments listed must be submitted with any application for a new service. Attachments may vary depending upon the specific application and type of service. The application process will not begin until the application is complete. Allow an ample amount of time for the entire license process to be completed. Use the following checklist to ensure you have attached the required documentation. Please list **ALL** attachments in the table below.

☐ **Medical Direction Agreements**
☐ **Guidelines / Protocols for Adult and Pediatric Patients**
☐ **Mutual Aid Agreements**
☐ **Personnel Roster**
☒ **Application Part II documents**
☒ **Completed Table of Attachments**

Attachments

Add rows to table as needed.

Number	Name
1	Application Parts I and II Notations
2	Description of the Primary Service Area
3 - 13	Letters of Support

Application for License to Operate an Ambulance Service in Minnesota

Addendum to the OEMS Application Form

Application Requirements – Part I

1. **Service Name and Information**
   For purposes of the license application, the Name & Information are those of Otter Tail County. Upon completion of a request for proposal (RFP) process and selection of a service provider, Otter Tail County will notify the Office of Emergency Medical Services (OEMS) of the service providers name and direct contact information, for the purposes of ongoing correspondence, vehicle identification, etc.

2. **Contact Information**
   As above, Otter Tail County will provide OEMS with updated and direct information for the service provider selected from our RFP process.

3. **Base of Operations**
   The base of operations will remain in the City of Pelican Rapids or immediately adjacent to it, ensuring adherence to Minnesota Rules 4690.3400, Subpart 3 regarding maximum distance and response time. Processes to select and acquire an appropriate site are underway. Upon securing a base facility, Otter Tail County will provide OEMS with complete address information.

4. **Type of Service**
   Otter Tail County is requesting consideration for issuance of an Advanced Ambulance license to ensure the primary service area continues to receive the same level of care services currently available in the area.

5. **Type of Operation**
   As license holder, Otter Tail County will be responsible for overseeing the selected operator / provider. Otter Tail County is a political subdivision of the State of Minnesota, thus an Other Public Service. Upon selection of a service provider, Otter Tail County will provide information to the OEMS on the type of operation that will be in place.

6. **Volunteer Status**
   Otter Tail County's Request for Proposal will include a requirement that staffing consist of All Paid staff.

7. **Ownership**
   Otter Tail County will own the license to provide service in the primary service area.

8. **Substations**
   At this time, all vehicles, personnel, and equipment will be located at the base of operations, and there will be no substations. Should this change during the RFP process and contract awarding process, Otter Tail County will update OEMS.

9. **Medical Directors**
   Selection of the medical director will be the responsibility of the selected service provider. Otter Tail County will ensure a written agreement is in place between the service provider and licensed physician that meets statutory, rule, and OEMS requirements.

10. **Affiliated Medical Institution/Base Hospital**
    If the County contracts with an affiliated medical institution/base hospital, the appropriate information will be provided to OEMS.

11. **Mutual Aid Agreements**
    Establishment of mutual aid agreements will be the responsibility of the selected service provider. Otter Tail County will ensure the established agreement meets statutory, rule, and OEMS requirements for backup service and mutual aid.

12. **Response Times**
    Response times will not exceed the maximum allowable to the most distant part of the primary service area. Per Minnesota Rules 4690.3400, Subpart 3, response times may not exceed 30 minutes travel time. OEMS will be provided with updated estimates should the selected operating service more accurately determine response times to be less than the maximum allowable.

13. **Population to be Served**
    Population numbers are based on available U.S. Census data and available visitor estimates.

14. **Utilization**
    Estimates for each type of ambulance service run were determined by utilization of the most recently available full-year data (2025) from OEMS. This utilization falls between utilization in 2024 and 2023.

15. **Revenue and Cash Contributions**
    Unknown at this time; to be updated through the RFP process.

16. **Revenue Sources**
    It is anticipated that the EMS provider selected through the RFP process will generate revenue through Medicare, Medicaid, and Private Insurance. Additional revenue will be a subsidy through the Subordinate Service District. Revenue sources will be updated through the RFP process.

17. **Non-Cash Contributions**

    Otter Tail County will require revenue and contribution information from respondents during its Request for Proposal process. Recent information for a neighboring primary service area suggests 85% of revenue may result from third party payments (Medicare, Medicaid, and Private Insurance), with the remaining 15% generated from additional sources.

Revenue for the service, via a public subsidy / grant, will also be generated from a Subordinate Service District encompassing the primary service area, established and administered by Otter Tail County, as allowed by Minnesota Chapter 375B, to subsidize the service as may be needed to ensure service sustainability.

18. **Average Patient Charges**
    Identified average patient charges reflect the average of all ambulance service providers in the West Central EMS region, as reported in the OEMS *Financial Evaluation of Minnesota's Ground Ambulance Industry*, published in May 2026. These rates reflect known current rates charged in a neighboring primary service area.

    The selected service provider will be responsible for establishing patient charge rates.

19. **Expenses**
    Otter Tail County will require expense information from respondents during its Request for Proposal process. Recent information for a neighboring primary service area suggests 60% of a service's expenses will relate to personnel, 10% capital, 7-8% uncollectable accounts, with remaining expenses relating to vehicle and other service operations.

20. **Method of Accounting**
    The selected service provider will be responsible for determining a method of accounting.

21. **Personnel**
    The selected service provider will be responsible for on-site inspections and training. Otter Tail County and the selected service provider will communicate with the OEMS when points of contact are established.

22. **Radio Communications**
    The selected service provider will be responsible for meeting statutory and Minnesota Rules requirements relating to radio communications.

23. **Current Active Roster**
    Will be updated through the RFP process.

24. **Vehicles**
    The selected service provider will be responsible for providing information relating to personal on their roster and vehicles being used as an ambulance. Otter Tail County and the selected service provider will communicate with the OEMS when this information is available.

Application Requirements – Part II

1. **Recommendations or comments of the governing bodies of the counties, municipalities, community health boards, and regional emergency medical services system.**

Please see the attached letter(s) of support.

City of Erhard	City of Pelican Rapids	City of Rothsay
City of Vergas	Dora Township	Dunn Township
Friberg Township	Norwegian Grove Township	Pelican Township
Pelican Township	Scambler Township	

2. **The deleterious effects of the proposed service on the public health from duplication, if any, of ambulance services that would result from granting the license.**

   There will be no deleterious effect on public health. The current provider has expressed a desire to no longer serve the area, and the applicant will ensure there is no duplication in service due to blending service areas, mutual aid, or other conditions in which duplication or cross-over may occur. Otter Tail County would ensure a sole provider is in place, with the support of coordinated mutual aid and other agreements to ensure continuous coverage.

3. **The estimated effect of the proposed service or expansion in primary service area on the public health.**

   The health of the public will be secured and enhanced by the service, ensuring that the same level of emergency medical services will continue to be available for the residents and visitors to the primary service area. Further, through Otter Tail County's establishment of a Subordinate Service District to generate revenue for the service, the sustainability and longevity of the service will be secured.

4. **Whether any benefit accruing to the public health would outweigh the costs associated with the proposed service or expansion of the primary service area.**

   The benefits to public health will outweigh the costs associated with the proposed service. It will ensure emergency medical service sustainability in an area with elevated social vulnerability, thereby maintaining and potentially increasing the quality of life of the area, indirectly affecting the area's economy and resilience.

Description of the Primary Service Area
as defined by the Office of Emergency Medical Servies

EMS#: 0192

Region: West Central

Service Level: Advanced

The Primary Service area is within the following County or Counties: Ottertail, Wilkin

Townships:

In Ottertail Co.;

T134NR41W – sections 4 through 9, and the W ½ of 3 and 10

T134NR42W – sections 1 through 12

T134NR43W – sections 1 through 12

T134NR44W – sections 1 through 12

T135NR41W – sections 3 through 11, 15 through 22, 27 through 34,
2 (only government lot 2), 12 (only government lots 3 and 4),
14 (excluding government lots 9 and 10)

T135NR42W

T135NR43W

T135NR44W

T136NR41W – sections 4 through 9, 16 through 21, 28 through 33,
3 (only government lots 1, 2, 3, and 4), 10 (only government lot 1)

T136NR42W

T136NR43W

T136NR44W

T137NR41W – sections 1 through 34, 35 (excluding government lots 8 and 9),
36 (except government lot 7)

T137NR42W

T137NR43W

In Wilkin Co.;

T135NR45W – sections 25, 36

CITY OF
ERHARD

P.O. Box 96, Erhard, MN 56534-0096

10/01/2026

Nicole Hansen
Otter Tail County Administrator
520 W. Fir Ave.
Fergus Falls, MN 56537

Re: Letter of Support for the Pelican Rapids EMS Primary Service Area License Application

Dear Ms. Hansen,

On behalf of the City of Erhard, we are providing a letter in support of the application submitted by Otter Tail County for the Primary Service Area (PSA) license to provide emergency medical services (EMS) within the Pelican Rapids area.

We understand that Ringdahl Ambulance submitted a notice to the Office of EMS that they will not renew their PSA license in March 2027 and will therefore no longer provide EMS service in the Pelican Rapids Area. As a result, we recognize that the county is establishing a Subordinate Service District and applying for a PSA license to help ensure continued access to emergency medical response in the Pelican Rapids area.

It is critically important for access to reliable, timely, and high-quality emergency medical services for the health, safety and well-being of our residents, businesses, visitors, and surrounding communities. Dependable and timely EMS coverage, particularly in a rural community, is an essential component of local public safety infrastructure.

Please accept this letter as our formal support of the county's application for a Primary Service Area license.

Sincerely,

Jennifer Anderson

Jennifer Anderson
Erhard City Clerk
PO Box 96
Erhard, MN 56534
218-842-5201
erhardcity@prtel.com

RECEIVED
OCT - 5 2026
COUNTY
ADMINISTRATION

PELICAN RAPIDS

September 29, 2026

Nicole Hansen
Otter Tail County Administrator
520 W. Fir Ave.
Fergus Falls, MN 56537

Re: Letter of Support for the Pelican Rapids EMS Primary Service Area License Application

Dear Ms. Hansen,

On behalf of the City of Pelican Rapids, we are providing a letter in support of the application submitted by Otter Tail County for the Primary Service Area (PSA) license to provide emergency medical services (EMS) within the Pelican Rapids area.

We understand that Ringdahl Ambulance submitted a notice to the Office of EMS that they will not renew their PSA license in March 2027 and will therefore no longer provide EMS service in the Pelican Rapids Area. As a result, we recognize that the county is establishing a Subordinate Service District and applying for a PSA license to help ensure continued access to emergency medical response in the Pelican Rapids area.

It is critically important for access to reliable, timely, and high-quality emergency medical services for the health, safety and well-being of our residents, businesses, visitors, and surrounding communities. Dependable and timely EMS coverage, particularly in a rural community, is an essential component of local public safety infrastructure.

Please accept this letter as our formal support of the county's application for a Primary Service Area license.

Sincerely,

Brent E. Frazier
City of Pelican Rapids Mayor

City Of ROTHSAY Minnesota

Rothsay City Hall
PO BOX 117
Rothsay, MN 56579
218-867-2254
city@rothsay.org

Nicole Hansen
Otter Tail County Administrator
520 W. Fir Ave.
Fergus Falls, MN 56537

Re: Letter of Support for the Pelican Rapids EMS Primary Service Area License Application

Dear Ms. Hansen,

On behalf of the City of Rothsay, we are providing a letter in support of the application submitted by Otter Tail County for the Primary Service Area (PSA) license to provide emergency medical services (EMS) within the Pelican Rapids area.

We understand that Ringdahl Ambulance submitted a notice to the Office of EMS that they will not renew their PSA license in March 2027 and will therefore no longer provide EMS service in the Pelican Rapids Area. As a result, we recognize that the county is establishing a Subordinate Service District and applying for a PSA license to help ensure continued access to emergency medical response in the Pelican Rapids area.

It is critically important for access to reliable, timely, and high-quality emergency medical services for the health, safety and well-being of our residents, businesses, visitors, and surrounding communities. Dependable and timely EMS coverage, particularly in a rural community, is an essential component of local public safety infrastructure.

Please accept this letter as our formal support of the county's application for a Primary Service Area license.

Sincerely,

Amanda Kuschel
City of Rothsay
City Clerk/Treasurer
218-867-2254
city@rothsay.gov

Home of the Loon

City of Vergas

VERGAS LOON
Minnesota's State Bird

September 14, 2026

Nicole Hansen
Otter Tail County Administrator
520 W. Fir Ave.
Fergus Falls, MN 56537

Re: Letter of Support for the Pelican Rapids EMS Primary Service Area License Application

Dear Ms. Hansen,

On behalf of the City of Vergas, we are providing a letter in support of the application submitted by Otter Tail County for the Primary Service Area (PSA) license to provide emergency medical services (EMS) within the Pelican Rapids area.

We understand that Ringdahl Ambulance submitted a notice to the Office of EMS that they will not renew their PSA license in March 2027 and will therefore no longer provide EMS service in the Pelican Rapids Area. As a result, we recognize that the county is establishing a Subordinate Service District and applying for a PSA license to help ensure continued access to emergency medical response in the Pelican Rapids area.

It is critically important for access to reliable, timely, and high-quality emergency medical services for the health, safety and well-being of our residents, businesses, visitors, and surrounding communities. Dependable and timely EMS coverage, particularly in a rural community, is an essential component of local public safety infrastructure.

Please accept this letter as our formal support of the county's application for a Primary Service Area license.

Sincerely,

Julie Bruhn, Mayor
City of Vergas

131 East Main Street • P.O. Box 32 • Vergas, Minnesota 56587 • Phone: (218) 302-5996
Website: www.cityofvergas.com • Email: jlammers@cityofvergas.com

The City of Vergas is an equal opportunity Provider and Employer.

Dora Township, Otter Tail County, Minnesota

October 1, 2026

Nicole Hansen
Otter Tail County Administrator
520 W. Fir Ave.
Fergus Falls, MN 56537

Re: Letter of Support for the Pelican Rapids EMS Primary Service Area License Application

Dear Ms. Hansen,

On behalf of Dora Township, we are providing a letter in support of the application submitted by Otter Tail County for the Primary Service Area (PSA) license to provide emergency medical services (EMS) within the Pelican Rapids area.

We understand that Ringdahl Ambulance submitted a notice to the Office of EMS that they will not renew their PSA license in March 2027 and will therefore no longer provide EMS service in the Pelican Rapids Area. As a result, we recognize that the county is establishing a Subordinate Service District and applying for a PSA license to help ensure continued access to emergency medical response in the Pelican Rapids area.

It is critically important for access to reliable, timely, and high-quality emergency medical services for the health, safety and well-being of our residents, businesses, visitors, and surrounding communities. Dependable and timely EMS coverage, particularly in a rural community, is an essential component of local public safety infrastructure.

Please accept this letter as our formal support of the county's application for a Primary Service Area license.

Sincerely,

Michael Kratzke, Chairman | David Helgerson, Supervisor | Mark Haarstick, Supervisor 10-1-26

RECEIVED
OCT 14 2026
COUNTY ADMINISTRATION

STEPHANIE BLOMBERG
Clerk, Dora Township, Otter Tail, MN
Notarial Officer (ex-officio notary public)
My term is indeterminate

Stephanie Blomberg
Dora Township Clerk
10/1/2026

DUNN TOWNSHIP

47979 East Lake Lizzie Road Pelican Rapids, Minnesota 56572 Phone: 218-863-2099 E-mail: Dunntown@loretel.net

September 14, 2026

Nicole Hansen
Otter Tail County Administrator
520 W. Fir Ave.
Fergus Falls, MN 56537

Re: Letter of Support for the Pelican Rapids EMS Primary Service Area License Application

Dear Ms. Hansen,

On behalf of Dunn Township we are providing a letter in support of the application submitted by Otter Tail County for the Primary Service Area (PSA) license to provide emergency medical services (EMS) within the Pelican Rapids area.

We understand that Ringdahl Ambulance submitted a notice to the Office of EMS that they will not renew their PSA license in March 2027 and will therefore no longer provide EMS service in the Pelican Rapids Area. As a result, we recognize that the county is establishing a Subordinate Service District and applying for a PSA license to help ensure continued access to emergency medical response in the Pelican Rapids area.

It is critically important for access to reliable, timely, and high-quality emergency medical services for the health, safety and well-being of our residents, businesses, visitors, and surrounding communities. Dependable and timely EMS coverage, particularly in a rural community, is an essential component of local public safety infrastructure.

Please accept this letter as our formal support of the county's application for a Primary Service Area license.

Sincerely,

David L Johnson

Dunn Town Board
Dunn Township PO Box 347
Pelican Rapids, MN 56572
Email: Dunntown@loretel.net

Erhards Grove Township
17962 370th St
Erhard, MN 56534

September 18, 2026

Nicole Hansen
Otter Tail County Administrator
520 W Fir Ave
Fergus Falls, MN 56537

Re: Letter of Support for the Pelican Rapids EMS Primary Service Area License Application

Dear Ms. Hansen,
On behalf of Erhards Grove Township, we are providing a letter in support of the application submitted by Otter Tail County for the Primary Service Area (PSA) license to provide emergency medical services (EMS) within the Pelican Rapids Area.

We understand that Ringdahl Ambulance submitted a notice to the Office of EMS that they will not renew their PSA license in March 2027 and will therefore no longer provide EMS service in the Pelican Rapids Area. As a result, we recognize that the county is establishing a Subordinate Service District and applying for a PSA license to help ensure continued access to emergency medical response in Pelican Rapids area.

It is critically important for access to reliable, timely, and high-quality emergency medical services for the health, safety and well-being of our residents, businesses, visitors, and surrounding communities. Dependable and timely EMS coverage, particularly in a rural community, is an essential component of local public safety infrastructure.

Please accept this letter as our formal support of the county's application for a Primary Service Area License.

Sincerely,

Joan Fouquette, Treasurer
Erhards Grove Township
218.770.1748

RECEIVED
OCT 19 2026
COUNTY
ADMINISTRATION

Friberg Township Board

Date: October 13th, 2026

Nicole Hansen
Otter Tail County Administrator
520 W. Fir Ave.
Fergus Falls, MN 56537

Re: Letter of Support for the Pelican Rapids EMS Primary Service Area License Application

Dear Ms. Hansen,

On behalf of Friberg Township, we are providing a letter in support of the application submitted by Otter Tail County for the Primary Service Area (PSA) license to provide emergency medical services (EMS) within the Pelican Rapids area.

We understand that Ringdahl Ambulance submitted a notice to the Office of EMS that they will not renew their PSA license in March 2027 and will therefore no longer provide EMS service in the Pelican Rapids Area. As a result, we recognize that the county is establishing a Subordinate Service District and applying for a PSA license to help ensure continued access to emergency medical response in the Pelican Rapids area.

It is critically important for access to reliable, timely, and high-quality emergency medical services for the health, safety and well-being of our residents, businesses, visitors, and surrounding communities. Dependable and timely EMS coverage, particularly in a rural community, is an essential component of local public safety infrastructure.

Please accept this letter as our formal support of the county's application for a Primary Service Area license.

Sincerely,

Kathi Budke

Kathi Budke, Clerk

Friberg Township

31289 County Hwy 3

Fergus Falls, MN 56537

218-731-4999

Norwegian Grove Township

12790 County Highway 30

Pelican Rapids, MN 56572

September 27, 2026

Nicole Hansen

Otter Tail County Administrator

520 W Fir Ave

Fergus Falls, MN 56537

Re: Letter of Support for the Pelican Rapids EMS Primary Service Area License Application

Dear Ms. Hansen,

On behalf of Norwegian Grove Township, we are providing a letter in support of the application submitted by Otter Tail County for the Primary Service Area (PSA) license to provide emergency medical services (EMS) within the Pelican Rapids area.

We understand that Ringdahl Ambulance submitted a notice to the Office of EMS that they will not renew their PSA license in March 2027 and will therefore no longer provide EMS services to the Pelican Rapids Area. As a result, we recognize that the county is establishing a Subordinate Service District and applying for a PSA license to help ensure continued access to emergency medical response in the Pelican Rapids area.

It is critically important for access to reliable, timely, and high-quality emergency medical services for the health, safety and well-being of our residents, businesses, visitors and surrounding communities. Dependable and timely EMS coverage, particularly in a rural community, is an essential component of local public safety infrastructure. Many of our residents have needed EMS services over the years and strongly agree that reliable service must continue in our area.

Please accept this letter as our formal support of the county's application for a Primary Service Area license.

Sincerely,

Jane Knorr

Jane Knorr

Clerk

Pelican Township

PO Box 873
Pelican Rapids, MN 56572
(701) 306-8761

September 16, 2026

Nicole Hansen
Otter Tail County Administrator
520 W. Fir Ave.
Fergus Falls, MN 56537

Re: Letter of Support for the Pelican Rapids EMS Primary Service Area License Application

Dear Ms. Hansen,

On behalf of Pelican Township, we are providing a letter in support of the application submitted by Otter Tail County for the Primary Service Area (PSA) license to provide emergency medical services (EMS) within the Pelican Rapids area.

We understand that Ringdahl Ambulance submitted a notice to the Office of EMS that they will not renew their PSA license in March 2027 and will therefore no longer provide EMS service in the Pelican Rapids Area. As a result, we recognize that the county is establishing a Subordinate Service District and applying for a PSA license to help ensure continued access to emergency medical response in the Pelican Rapids area.

It is critically important for access to reliable, timely, and high-quality emergency medical services for the health, safety and well-being of our residents, businesses, visitors, and surrounding communities. Dependable and timely EMS coverage, particularly in a rural community, is an essential component of local public safety infrastructure.

Please accept this letter as our formal support of the county's application for a Primary Service Area license.

Sincerely,

Lloyd Nelson, Clerk

RECEIVED
SEP 21 2026
COUNTY
ADMINISTRATION

Scambler Township

PO Box 859
Pelican Rapids, Minnesota 56572
Email: scamblertwp@loretel.net
Phone 218-863-1339

September 16, 2026

Nicole Hansen
Otter Tail County Administrator
520 W. Fir Ave.
Fergus Falls, MN 56537

Re: Letter of Support for the Pelican Rapids EMS Primary Service Area License Application

Dear Ms. Hansen,
On behalf of Scambler Township, we are providing a letter in support of the application submitted by Otter Tail County for the Primary Service Area (PSA) license to provide emergency medical services (EMS) within the Pelican Rapids area.

We understand that Ringdahl Ambulance submitted a notice to the Office of EMS that they will not renew their PSA license in March 2027 and will therefore no longer provide EMS service in the Pelican Rapids Area. As a result, we recognize that the county is establishing a Subordinate Service District and applying for a PSA license to help ensure continued access to emergency medical response in the Pelican Rapids area.

It is critically important for access to reliable, timely, and high-quality emergency medical services for the health, safety and well-being of our residents, businesses, visitors, and surrounding communities. Dependable and timely EMS coverage, particularly in a rural community, is an essential component of local public safety infrastructure.

Please accept this letter as our formal support of the county's application for a Primary Service Area license.

Sincerely,

Nancy Hebert

Nancy Hebert
Scambler Township Chair

RECEIVED
SEP 21 2026
COUNTY
ADMINISTRATION