

**Medford Electric Utility
Critical Need Customer
Individual Customer**

This form is used to inform the utility of the existence of customers with special needs where the loss of electric service would pose a threat to the customer's health or safety, such as customers on life support systems.

Date _____

Name _____ Phone No. _____

Address _____

Nature of critical need _____

Do you use, or need access to life support or medical equipment that requires electricity? _____

If so, does this equipment have battery back-up power? _____ If so, how long can it operate? _____

Do you have alternative plans in the event the electricity goes out? _____

Who is your emergency contact person? _____ Phone # _____

Alternate contact person? _____ Phone # _____

Other information _____

This section for utility use.

Date received _____ Information taken by: _____

Substation _____ Circuit _____

Comments _____

Return to: Medford Electric Utility
639 S. Second St.
Medford, WI 54451

Phone: (715) 748-3211
(715) 748-2339