



Medical Emergency and Critical Care Identification Form

To be completed by Customer

Full Name:

HBPW Account Number:

Service Address:

Day and Evening Phone:

Email Address:

Customer Acknowledgement

I understand that I am applying for Critical Care or Medical Emergency Customer Status with the Holland Board of Public Works (HBPW) for myself or a member of my household. This status notifies the HBPW that the above service address should be placed on a priority list in the event of a power outage. The HBPW cannot guarantee that the customer will never lose power. *I understand I must renew this application prior to expiration.* Additionally, the HBPW may *postpone* non-payment disconnections for Critical Care or Medical Emergency Customers for periods up to 21 days, not exceeding 63 days in a 12 month period. *Additional medical certification forms may apply, please call Customer Service for details.*

Customer Signature and Date:

To be completed by Physician

Physician Name:

Practice Name:

Address:

Phone and Fax:

Patient is: (check one)

- Critical Care Customer:** Patient who requires home medical equipment or a life-support system and an interruption of service would be *immediately life-threatening*.

Medical Equipment being used:

Length of time patient can be without utility service to medical equipment (including amount of time that any back-up devices would be in use):

- Medical Emergency Customer:** Patient with an existing medical condition that will be *aggravated* by the lack of utility services.

Existing medical condition:

Length of time patient can be without utility service before patient will begin experiencing aggravation due to their medical condition:

Comments:

Physician Name (Print & Signature):

Expiration Date (maximum one year):