

Medford Electric Utility

**Critical Need Customer Information
Individual Customer**

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
P.O. Box 360
Medford, WI 54451-0360

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Fax: (715) 748-2339