

BRODHEAD WATER & LIGHT

CRITICAL NEEDS CUSTOMER FORM

Office 608-897-2505 Fax 608-897-2726

Date _____

Customer's Name _____

Address _____

Phone Number Home: _____ Work: _____

Cell: _____

Account Number _____

Type of Electrical Medical
Equipment _____

Frequency of Use _____

Physician's Name _____

Physician's Address _____

Physician's Phone Number _____

Equipment Supplier _____

Address _____

Phone Number _____

Where will you go if there is a power outage of 2 hours or less?

Where will you go if there is a power outage of more than 2 hours?

Emergency Contact Person

Name _____

Address _____

Phone Number _____ Cell _____

Best time to reach them _____

Other Information _____
