



Critical Care and Medical Emergency Identification Form

In order to qualify for Critical Care or Medical Emergency status, all required fields must be completed and a medical certification on Physician's letter head must accompany the attached form.

The Grand Haven Board of Light and Power strives to limit the number of interruptions that occur. The information you provide helps our service crews identify your address in the event an interruption in electrical service occurs. **As always, we recommend you have an alternate plan in place in the event of an extended interruption of your service.**

The Grand Haven Board of Light Power will continue to serve your needs at the highest level of satisfaction. If you have any questions, please do not hesitate to contact Customer Service.

With appreciation,

Grand Haven Board of Light and Power

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MEDICAL EMERGENCY and CRITICAL CARE CUSTOMER IDENTIFICATION FORM

PART 1: MUST BE COMPLETED BY CUSTOMER

Customer Name: _____ Account # _____

Electric Service Address: _____

Phone Number: Day _____ Night _____

PART 2: MUST BE COMPLETED BY PHYSICIAN

Patient Name: _____

Patient is (Please Check One):

____ Critical Care Customer (Customer who requires or has a household member who requires, 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 life-support systems (including amount of time any back-up devices would be in use): _____

____ Medical Emergency Customer (Customer or household member with an existing medical condition that will be aggravated by an interruption of utility services.)

*Existing Medical condition: _____

*How long after an interruption of utility services will patient begin experiencing aggravation due to the above stated medical condition? Please be as specific as possible. _____

Doctor's Name: _____ Signature _____

Expiration Date: (Maximum One Year)* _____

PART 3: CUSTOMER SIGNATURE REQUIRED

I understand that I am applying for Critical Care or Medical Emergency Customer status with the Grand Haven Board of Light and Power for myself or a member of my household. In order to qualify for Critical Care or Medical Emergency status, all required fields must be completed above and a medical certification on Physician's letter head must accompany this form.

Customer Signature

Date

*Required Fields

*****Disclaimer. The Grand Haven Board of Light and Power cannot guarantee that a customer will never lose power. Emergency plans should be established in case a power outage is experienced.**