



CITY OF ELKHORN
P.O. BOX 920
ELKHORN, WISCONSIN 53121

W I S C O N S I N

PHONE 262-723-2219
FAX 262-741-5131

Medical Alert Response Application

Please fill out this form and return it to our office as soon as possible. Acceptance into this program does not guarantee continuous electrical service, nor does it protect your account from collection action for unpaid utility bills. If your electrical service is critical for sustaining life, you should develop a medical back-up plan to accommodate your medical needs during power interruptions.

Date: _____

Customer Information (to be completed by utility customer)

Name: _____ Account number: _____

Address: _____ Daytime Phone: _____

City: Elkhorn, WI 53121 Evening Phone: _____

Is there another person we can contact if you do not answer your phone?

Name: _____ Phone: _____

If we cannot reach either contact by phone, do you want an ambulance dispatched to your location to check on you? (Any charge would be billed to your insurance company or yourself) Yes No

Please provide any further information that will help us to make contact with you in the event of an extended power outage: _____

Patient Information (to be completed by Physician)

Patient Name: _____ Date of Birth: _____

Medical Condition: _____

Type of Electric Life Sustaining Equipment Used: _____

Does patient have battery back-up for this equipment? Yes No

If yes, how long are they able to rely on the battery? _____

Do they rely on the equipment 24 hours per day? Yes No

If not, during what hours do they use the Equipment? _____

How long can patient sustain without electrical service? _____

Physician Name: _____ Physician Phone Number: _____

Physician Address: _____

Physician's Signature: _____ Date: _____

This qualification requires an annual renewal. The information on this form may be subject to verification and additional information may be required from you or your physician.

Qualification pursuant to this form does not guarantee an uninterrupted power supply, and if electricity is a necessity, you may need to make other arrangements.