



**Holland Board of Public Works**  
 625 Hastings Avenue  
 Holland, MI 49423  
 616-355-1500

## Medical Emergency and Critical Care Customer Identification Form

### PART 1: TO BE FILLED OUT BY CUSTOMER

**Customer Name:** \_\_\_\_\_ **Acct #:** \_\_\_\_\_

**Electric Service Address:** \_\_\_\_\_

**Phone Number: Day** \_\_\_\_\_ **Night** \_\_\_\_\_

### PART 2: TO BE FILLED OUT BY PHYSICIAN

**Patient Name:** \_\_\_\_\_

**Patient is (Please check one):**

Critical Care Customer (*Customer who requires, or has a household member 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 of 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 the lack of utility services.*)

\*Existing medical condition: \_\_\_\_\_

\*How long after a loss of utility services at patient's residence will patient begin experiencing aggravation due to medical condition? Please be as specific as possible. \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_

**Print**

**Signature**

**Expiration Date: (Maximum One Year)\*** \_\_\_\_\_

### PART 3: TO BE SIGNED BY CUSTOMER

I understand that I am applying for Critical Care or Medical Emergency Customer status with the Holland BPW for myself or a member of my household. The Holland BPW will postpone shut-off of service for not more than 21 days in the event that my account is delinquent. In order to qualify for a Critical Care or Medical Emergency postponement all required fields **must** be completed above and medical certification on the Physician's letter head must accompany this form. I also understand that I must **submit a new medical certification to request** additional 21-day periods of service shut-off postponement up to a total of 63 days per household member and 126 days per household per 12-month period.

\_\_\_\_\_  
**Customer Signature**

\_\_\_\_\_  
**Today's Date**

\* Required Fields

\*\*New application required **prior** to expiration date

\*\*\*Disclaimer: The Holland Board of Public Works cannot guarantee that the customer will never lose power. Emergency alert customers are given priority during power outage restorations.