Critical Need Customer

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 # _____

Physician declaring critical need: _____ Phone # _____

Physician's Signature: _____

Return to: Please submit the original signed Critical Needs Request to the City Collector at City of Marshall, 201 S. Michigan Ave., Marshall, IL. 62441. If you have any questions, please contact the City Collector at 217-826-8084.

This section for utility department use only:

Date received by City Collector: _____ Initials _____

Date relayed to Utility Superintendents: _____ Initials _____