



CITY OF HARTFORD UTILITIES

109 N MAIN STREET, HARTFORD, WI 53027
(262) 673-8212

WOULD YOUR HEALTH BE THREATENED if your power went out?

The City of Hartford Utilities maintains a “critical needs” customer list. During the summer months, there is an increased probability that utility system emergency conditions could develop. Hartford Utilities, together with our electric power supplier, WPPI Energy, continuously monitor all conditions. We will make every effort to avoid interrupting your service, however, emergency conditions beyond our control could result in your power being interrupted. If special circumstances exist in your home or business that make the loss of electricity or water critical, we will attempt to contact you prior to service being interrupted. We will do everything possible to protect all “critical needs” customers.

The reverse side of this notice needs to be completed and returned **only** if special circumstances require you to have continuous electric or water service. Please complete the customer information and have your physician finish the bottom portion and return it directly to Hartford Utilities as soon as possible. **The signed statement from your physician describing your life-sustaining need for electricity or water and the required equipment must be returned directly to us by the physician.** The statement may be faxed to us at (262)673-8301 or emailed to hartfordutilitybilling@wppienergy.org.

Please note: This form only needs to be completed by individuals that have current conditions that make sustaining life impossible without electricity or water. There is no need to complete the form unless special conditions exist. If conditions arise in the future, a form may be obtained from the utility office. If you have questions or concerns, please call City of Hartford Utilities at (262) 673-8212.

City of Hartford Utilities cannot guarantee that your service will not be interrupted without prior notification. For any type of outage, it is imperative that you have medical backup equipment and procedures in place to accommodate your medical needs during power interruptions. It is your responsibility to make appropriate arrangements in an emergency. It is highly recommended you also alert a friend, family member or neighbor that you require electricity or water to maintain life-sustaining support systems.

City of Hartford Utilities complies with Public Service Commission rules and will provide one 21-day extension per year, upon request, for accounts pending disconnection for non-payment when a Critical Life-Sustaining Need form exists on file with the City of Hartford Utilities. After the 21-day one-time extension, alternate arrangements would be required to avoid disconnection.

Please be advised the following agencies and programs may be able to provide financial aid assistance or counseling to City of Hartford Electric, Water, and Wastewater Utility customers:
WASHINGTON COUNTY DEPARTMENT OF SOCIAL SERVICES (262) 335-4610

PSC Code References: PSC 113.0406(1); PSC 113.0301



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CRITICAL LIFE-SUSTAINING MEDICAL EQUIPMENT FORM

In order to process your request, the following form needs to be completed and returned by a physician to:

Mail: CITY OF HARTFORD UTILITIES
109 N MAIN STREET
HARTFORD, WI 53027

Fax: 262-673-8301

Email: hartfordutilitybilling@wppienergy.org

Customer Information (to be completed by utility customer)

Name: _____

Address: _____

Utility Account Number: _____

Phone Number: _____

Individual with Medical Condition (to be completed by utility customer)

Name: _____

Date of Birth: _____

Relationship to customer: _____

Release (to be completed by resident requiring life-sustaining medical equipment or his/her legal guardian)

I _____ **resident / legal guardian** (*circle one*), hereby grant my consent to the below-named licensed physician or public health, social services, or law enforcement official to release to Hartford Utilities such information as noted below, plus any supplemental information as may be needed by Hartford Utilities to verify the medical need for Medical Alert Services.

Signature of Resident or Legal Guardian: _____

Date: _____

Patient Information (to be completed by physician)

Patient Name: _____

Date last office visit: _____

Current Diagnosis: _____

Current Prescriptions: _____

Does medical condition or treatment require electricity? Yes No

If yes, what type of equipment is required? _____

How often is equipment used? _____

Would loss of electricity be life threatening? Yes No

Additional comments/concerns: _____

Physician's Signature: _____

Date: _____