

Date Sent: _____

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SIKESTON BOARD OF MUNICIPAL UTILITIES

CRITICAL CARE CUSTOMER APPLICATION

IMPORTANT NOTICE: Acceptance into the Critical Care Program does not guarantee continuous electrical service, or shield customers from disconnection for non-payment of utility bills. If continuous power is required for life support or other vital conditions, alternative arrangements should be made to ensure backup power is available in the event of power interruption.

TO BE COMPLETED BY THE CUSTOMER

Customer Name: _____ Account Number: _____
Street Address: _____ City, State, Zip: _____
Patient's Name: _____ Physicians's Name: _____
Home Phone: _____ Physician's Phone: _____

Authorization: I hereby authorize release of any medical information that is pertinent to my qualifying as a medical customer with the Board of Municipal Utilities. By signing below, applicant acknowledges the accuracy and truth of the information provided.

Signature of Patient or
Legal Guardian: _____ Date: _____

TO BE COMPLETED BY THE PHYSICIAN (Please print legibly)

Is continuous use of the electric equipment necessary for critical medical reasons? Yes No

Is the patient's condition temporary? Yes No

If yes, estimated time period when condition would warrant removal from the critical customer list: _____

Additional Comments: _____

Physician's Name: _____ Physician's Signature: _____

Office Address: _____ City, State, Zip: _____

Please mail to: Sikeston BMU, Customer Service Department, PO BOX 370, Sikeston, MO 63801

TO BE COMPLETED BY BMU CUSTOMER SERVICE DEPARTMENT

Approved

Not Approved Signature: _____ Date: _____