Water Disconnection – Medical Emergencies Form

To be used for halting water disconnection for medical emergencies.

2124 Autumn Court - P O Box 655, Sister Bay, WI 54234| p. (920) 854-2246

PERSONAL INFORMATION	
Full Name:	**Date:**
Are you a current residential user of the Village of Sister Bay utility? ☐ Yes ☐ No	**Service Address:**

CONTACT INFORMATION	
Email Address:	**Phone Number:**

FORM STATEMENT

Rules administered by the Public Service Commission PSC 113.0301 (13)(a) prohibit utilities from disconnecting or refusing to reconnect residential electric or water service for up to 21 days if the disconnection or refusal will aggravate an existing medical or protective services emergency. To determine whether the above customer is eligible for reconnection or a postponement of disconnection for medical reasons, please provide the following information.

Please give this form to your doctor and return it to the above address.

MEDICAL PROVIDER INFORMATION	
Patient Name:	**Phone Number:**
Name of Medical Provider:	**Address:**
Name of Hospital/Clinic/Agency:	**City, State, Zip Code:**

Please complete the following information:

1. Please identify and/or describe the patient's medical condition:

2. Please explain why water is necessary in this situation:

3. Please identify the time period during which water is required:

MEDICAL PROVIDER CERTIFICATION	
Signature:	**Date:**