



Critical Water User Contact Information

Please complete and submit the following form to the City of Bedford as soon possible.

Name of Facility or Resident:
Address:
Phone Number:
ECP (Emergency Contact Person):
ECP Phone Number:
Email Address:
Do you have backup water systems / supplies? If yes, please describe.
Signature of Resident or Responsible Official:

Completed form should be sent to:

John Sokolowski – Water Superintendent
ATTN: Critical User
165 Center Rd.
Bedford, OH 44146

Form may also be email to

jsokolowski@bedfordoh.gov
Subject – Critical User