



# ALGOMA UTILITIES

*People you know. Service you trust, since 1904.*  
1407 Flora Avenue ♦ Algoma, WI 54201 ♦ (920) 487-5556 ♦  
[www.algomautilities.com](http://www.algomautilities.com)

## WOULD YOUR HEALTH BE THREATENED If your power went out?

The Algoma Utilities maintains a “Critical Needs” customer list. During the summer months, there is an increased probability that utility system emergency conditions could develop. Algoma 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. Please alert friends and neighbors who are elderly, disabled or homebound and require electricity or water to maintain life-sustaining support systems. 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 information and return it as soon as possible to Algoma Utilities, 1407 Flora Ave., Algoma, WI 54201. **We also require a signed statement from your doctor describing your life-sustaining need for electricity or water and the required equipment.** To save time in the application process, your doctor may email the information to [algomautilities@algomautilities.com](mailto:algomautilities@algomautilities.com). The enclosed form and doctor’s statement should be returned to the Utility within 5 days.

**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 or by visiting our web site at: [www.algomautilities.com](http://www.algomautilities.com). If you have questions or concerns, please call Algoma Utilities at (920) 487-5556. ***Please note that if you have a cordless telephone, it will not work during a power outage.***

**Algoma 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.**

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**Algoma Utilities Critical Needs Enrollment Form**

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**The following person is using life-sustaining equipment at the above service address:**

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

Type of Equipment Needed: \_\_\_\_\_

I do have a battery backup                      No \_\_\_      Yes \_\_\_      Number of hours: \_\_\_\_\_

**Other circumstances in which health conditions could be aggravated by loss of electric or water service:**

Elderly Person in the home with poor health condition  
Name: \_\_\_\_\_

Infant in the home with poor health condition  
Name: \_\_\_\_\_

List other special/unusual circumstances: \_\_\_\_\_

\_\_\_\_\_

**THIRD PARTY NOTIFICATION – is there someone who should be contacted in the event of electric or water service being disconnected and we are unable to reach you?**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

**Release (signed by patient with condition or his/her legal guardian)**

I \_\_\_\_\_ (circle one: customer or legal guardian) hereby grant my consent to my physician, public health or social services official, as well as my third party contact person, to release to Algoma Utilities such information as noted above, plus any supplemental information as may be needed by Algoma Utilities to verify the medical need for uninterrupted electric or water service.)

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_