

Critical Medical Need: Electric Service

[Do you or someone in the household have a critical medical condition that requires electricity?](#) This may include the presence of anyone seriously ill, use of life support systems or equipment, frailties associated with the aged or very young, people with physical, developmental or intellectual disabilities. We urge you to read this letter carefully. If questions remain, call our Customer Service line at 920-846-4507.

Types of Electric Service Interruptions: There are basically two types of electric interruptions – planned and unplanned. Planned outages are occasionally required to perform maintenance or some other community activity (like moving a house for example). Storms, trees, animals or equipment problems typically cause unplanned outages. Unplanned outages usually last only a second or two. Occasionally the problem results in a longer interruption and requires service crews to be dispatched. Since the circumstances of unplanned interruptions are unique, the restoration time could vary from a few minutes to much longer.

What OFMU Will Do: We want to be notified if you have a critical medical need for electricity so we can avoid interruptions to your service. OFMU takes every interruption seriously. However, it is impossible for us to guarantee electric service will not be interrupted. For planned outages, OFMU personnel will call to alert you of the impending interruption. During unplanned interruptions, OFMU will not call – but rest assured, we'll have all resources being used to restore power as quickly as possible.

What You Must Do:

- **Plan Ahead:** With help from your doctor, assess your needs regarding medical equipment and electric service. Make sure the equipment meets your needs. OFMU cannot guarantee your service won't be interrupted. It's your responsibility to have a backup plan.
- **Return the Completed Form:** To be placed on our Critical Medical Need List, your doctor must complete the 'Request for Critical Medical Need: Electric Service' form. No one is on this list without a physician or public health official's approval.
- **Annual Renewal:** To maintain a current list of our critical medical need customers, OFMU requires an updated form each year. We will mail renewal information in January. Customers are automatically removed from the list if renewal is not received by the due date indicated in the mailing.
- **Report a Power Outage:** Call OFMU's office at 920-846-4507. Please note that a cordless phone will not work during a power outage.
- **Medical Emergency:** In the event of a medical emergency, call 911.

Disconnection for non-payment: If presenting this form to avoid electric disconnection because of a past due balance, a twenty-one (21) day extension will be granted, allowing time for you to negotiate payment arrangements with OFMU staff. The extension will expire in 21 days. Failure to resolve the past due balance within the 21-day extension may result in disconnection of electric service. Renewal of the 21-day extension may be granted if there is evidence of reasonable communication between OFMU staff and the customer is attempting to make arrangements for payment (PSC Chapter 113.0404 (13)(a)).



Shared strength through  WPPI Energy

Request for Critical Medical Need: Electric Service

To be completed by patient or legal guardian:

Name on Utility Account: _____

Utility Account #: _____ Phone #: _____

Electric Service Address: _____

I, _____ (patient or legal guardian), have read the previous page and understand that Oconto Falls Municipal Utilities cannot guarantee electric service during a power outage, it is my responsibility to have a backup plan in place if necessary, this form must be renewed annually, and hereby grant my consent to my physician, or public health official, to release such information as noted on this form to Oconto Falls Municipal Utilities and to verify the medical need for uninterrupted electric service.

Signature: _____ Date: _____

To be completed by physician or public health official:

Physician Name: _____ Phone #: _____

Patient Name: _____ Patient Date of Birth: _____

Is electricity medically necessary for the patient? Yes _____ No _____

Medical Condition: _____

Type of Equipment Needed: _____

Signature: _____ Date: _____

Return this completed form to Oconto Falls Municipal Utilities:

- **Mail:** Oconto Falls Municipal Utilities, PO Box 70, Oconto Falls, WI 54154
- **Fax:** 920-846-4516
- **Email:** ofmutilities@ofmu.org

This form is available on our website at
ofmu.org > [Customer Services](#) > [Service Forms](#)