



Waterloo North Hydro Inc.

CRITICAL CUSTOMER NOTIFICATION

Contact Name _____

Phone Number _____ **WNH Account #** _____

Alternate Contact _____

Address: _____

Physician Name _____

Physician Phone _____

Type of Equipment _____

Does equipment have battery backup? _____

For how long? _____

Physician Signature _____

Date: _____

Customers are responsible for ensuring that the information provided to WNH is accurate and up to date. The information is being collected for the purpose of identifying customer locations using critical life support equipment. All information will be assigned to the appropriate confidentiality level.

Please forward by mail or fax to:

**Waterloo North Hydro Inc.
Att: Communications Officer
P.O. Box 640
526 Country Squire Road
Waterloo, ON N2J 4A3
Fax: (519) 886-8592**