



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  
PO Box 640  
300 Northfield Drive East  
Waterloo ON N2J 4A3  
Fax: (519) 886-8592**