



CRITICAL CARE CUSTOMER NOTIFICATION REGISTRATION FORM

526 Country Squire Rd
Waterloo ON,
N2J 4G8
Tel: 519-886-5090
Fax: 519-746-0133
customersupport@wnhydro.com

PERSONAL INFORMATION

DATE: _____ ACCOUNT NUMBER: _____

PATIENT'S NAME: _____
First Name Middle Initial Last Name

SERVICE ADDRESS: _____
Street City Province Postal Code

HOME PHONE: _____ CELL PHONE: _____

ALTERNATE CONTACT NAME _____
First Name Middle Initial Last Name

HOME PHONE: _____ CELL PHONE: _____ EMAIL: _____

I, _____, consent to the release of the following information to Waterloo North Hydro Inc. for the purpose of enabling me to be enrolled in its critical customer notification program. I hereby authorize and direct my physician to complete this form for this purpose.

TO BE COMPLETED BY A LICENSED PHYSICIAN

PHYSICIAN NAME: _____ PHYSICIAN PHONE: _____

PHYSICIAN ADDRESS: _____
Street Address City Province Postal Code

TYPE OF MEDICAL EQUIPMENT: _____

DOES EQUIPMENT HAVE BATTERY BACKUP YES NO IF YES, FOR HOW LONG? _____

I CERTIFY THAT THE PERSON LISTED ABOVE USES LIFE SUPPORT EQUIPMENT REQUIRING AN ELECTRICAL CONNECTION

PHYSICIAN SIGNATURE _____

TO BE COMPLETED BY CUSTOMER

I ACCEPT THE CONDITIONS AND CERTIFY THAT THE DETAILS PROVIDED ARE ACCURATE

SIGNATURE: _____ DATE: _____

**Customers who require an uninterrupted source of power for medical related equipment must provide their own back up equipment for these purposes. Although Waterloo North Hydro Inc. does not guarantee the availability of power or the length of any power interruption, we will make every effort to mitigate length of interruption and where practical will provide advanced notice.*

Please forward by mail, email or fax to:

Waterloo North Hydro Inc.
526 Country Squire Road
Waterloo, ON
N2J 4G8
Fax: (519) 746-0133
customersupport@wnhydro.com