



POLK-BURNETT ELECTRIC COOPERATIVE

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PolkBurnett.com



Branch Office: 7298 State Road 70 • Webster, WI 54893

Critical Medical Form

Date: _____ Electric Account Number: _____

Name: _____ Dependent of: _____
(if applicable)

Address: _____ City: _____ State: _____ Zip: _____

Service Address: _____
(If different than mailing address)

Telephone #: _____ Cell phone #: _____

Description of medical condition: _____

Critical medical equipment at the residence requiring electric power for operation:

Period of time when power outage would aggravate circumstances: _____

Name of medical facility: _____

Address of medical facility: _____

Telephone of medical facility: _____

Name of licensed medical doctor: _____

Signature of Licensed Medical Doctor

Date Signed

Because of the wide variety of circumstances under which power outages occur, Polk-Burnett Electric Cooperative cannot guarantee restoration time. If your patient has critically important medical equipment that requires electric power for operations, they should have a back-up power source available at their residence.