

MEDICAL ALERT

Date: _____

Name: _____

Address: _____

Owensboro, KY _____

Dear Customer:

Please take the enclosed **Physician's Statement** form to the physician who requires you or someone in your household to use a type of life support equipment. Your physician should complete and sign the form. Return the completed form to Owensboro Municipal Utilities at 2070 Tamarack Road or your physician may fax the form to us at 270 684-7952 attention Tony Crowe.

If the physician determines your situation to be life threatening, due to an interruption of electrical service, our utility technician will place a tag on the electric meter and utility pole identifying the residence as a medical alert household.

If there are any questions, please do not hesitate to call.

Sincerely,

Tony J. Crowe
Assistant Customer Service Supervisor

Account #: _____