



Water Works and Lighting Commission
221 16th St S P.O. Box 399 Wisconsin Rapids, WI 54495-0399 715-423-6300 FAX: 715-423-2831

Medical Form

Please give this form to your doctor and return or fax to the above address/number.

Date: _____

Patient's Name: _____

Patient's Address: _____

Telephone Number: _____

Rules administered by the Public Service Commission PSC 113.0301 (13)(a) prohibit utilities from disconnecting or refusing to reconnect residential electric or water service for up to 21 days if the disconnection or refusal will aggravate an existing medical or protective services emergency. In order to determine if the above customer is eligible for reconnection or a postponement of disconnection for medical reasons, please provide the following information.

Please identify and/or describe the patient's medical condition:

Please explain why (electricity/water) is necessary in this situation:

Is electricity required to operate medical equipment to sustain life? Yes No Please explain:

Name of Doctor/Health Care Professional (please print) _____

Signature of Doctor/Health Care Professional _____

Name of Hospital/Clinic/Agency _____

Telephone Number _____

Date _____