

VILLAGE OF MERRILLAN UTILITY  
101 S MAIN ST. PO BOX 70  
MERRILLAN, WI 54754  
PHONE (715) 333-2332

**Please give this form to your doctor, social worker or law enforcement agent and return to the above address.**

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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Rules administered by the Public Service Commission prohibit utilities from disconnect residential electric, natural gas 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:

1. Please identify and/or describe the patient's medical, or protective services condition:

1. Please explain why (electricity/natural gas/water) is necessary in this situation:

1. Please identify the time period (electricity/natural gas/water) is required:

1. Is electricity required to operate medical equipment which provides life support?

No \_\_\_\_\_

Yes \_\_\_\_\_ Please explain:

Name of Doctor/Health Care Professional/Official (please print) \_\_\_\_\_

Signature of Doctor/Health Care Professional/Official: \_\_\_\_\_

Name of Hospital/Clinic/Agency: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_