

IMPORTANT NOTICE

If you or anyone residing in your home has a medical condition requiring life support equipment dependent on electricity, please fill out the following information and return to the Village Offices with your bill or e-mail: susant@townofjohnson.com. We need to know this information in case of a planned or prolonged power outage so we can contact you.

Name: _____ Street Address: _____

Account # _____ Phone number: _____

Medical condition: _____

Type of Life Support Equipment _____

Signature: _____ date: __/__/____

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