

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. We need to know this information in case of a planned or prolonged power outage.

Name: _____ Street Address: _____

Account # _____ Phone number: _____

Medical condition: _____

Type of Life Support Equipment _____

Signature: _____ date: ___ / ___ / ___

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