Date:_____

Imperial Irrigation District
Operating Headquarters
P.O. Box 937 Imperial, CA 92251

RE: Critical Care Customer Notification

Dear IID,

The Customer referenced below is requesting their account be classified as a Critical Care Customer. The Customer declares a medical-equipment-dependent ("MED") resides at the service address. The Physician declares the immediate health and well-being of the MED would be impacted by an interruption of electric service.

Customer Name	MED Name (If different than Customer.)
Customer Account Number	
MED Primary Address (Must match Customer's service address.)	

Critical Care Medical Device (Check all that apply and/or attach additional sheet(s) if needed.)

- ☐ Ventilator
- ☐ Infusion Pump
- ☐ Syringe Pump
- ☐ Cardiac Monitor
- ☐ Other:_____

Physician's Name (Please Print)	Physicians Lic. No. & State
Physician's Signature	Date
MED Signature	Date
Customer's Signature (If different than MED.)	Date

Note to Customer and/or MED: Although Imperial Irrigation District will make every effort to supply uninterrupted electric service, continuous service cannot be guaranteed. In the event of a power outage, MED's requiring continuous service are responsible for providing their own backup power system. Program participation does not guarantee service on delinquent or past due accounts. If payment cannot be made within the time allowed, credit arrangements may be negotiated by calling our offices toll-free at (800) 303-7756.

The Critical Care Customer classification requires renewal every two (2) years.