



HOMETOWN PEOPLE, HOMETOWN POWER

1232 Haco Drive  
P.O.Box 13007  
Lansing, MI 48901  
517•702•6000  
[www.lbwl.com](http://www.lbwl.com)

**MEDICAL DIRECTORY FOR NON-INTERRUPTION  
OF ELECTRIC/WATER SERVICE FOR MEDICAL REASONS**

Completion of this form verifies that a medical emergency does exist in your home, that there is medical equipment dependant on electric and/or water, and continuation of your electric and/or water service is vital to the health and well-being of the patient listed below.

**CUSTOMER NAME:** \_\_\_\_\_

**CUSTOMER ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_

**PATIENT NAME AND RELATIONSHIP:** \_\_\_\_\_

I authorize the following information to be furnished and verified to the Board of Water and Light.

\_\_\_\_\_ Date \_\_\_\_\_ Customer's Signature

The following information must be filled in by your physician.

1. Is there a medical emergency at the above address? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Will discontinuation of service be life threatening to the patient? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Describe the medical emergency, the service (electric and/or water) needed to maintain proper care, and list all medical equipment being used by the patient.

\_\_\_\_\_  
\_\_\_\_\_

4. How long will this medical emergency be in effect? \_\_\_\_\_

**PHYSICIAN/AUTHORIZED AGENT:** \_\_\_\_\_

**ADDRESS AND CITY:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM TO:**

**Lansing Board of Water & Light**  
**P.O. Box 13007**  
**Lansing, MI 48901-3007**