

# Village of Merrilan Utilities

715-333-2332 or 715-333-5407

## Critical Need Customer Analysis

Date and Time of call to the Village: \_\_\_\_/\_\_\_\_/\_\_\_\_ : \_\_\_\_ am / pm

Person Taking the Call: \_\_\_\_\_

### Customer Information

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. City/Zip: \_\_\_\_\_
4. To Whom do you pay your Utility bill ? \_\_\_\_\_
5. What Electrical Medical Equipment do you have ? \_\_\_\_\_  
\_\_\_\_\_
6. What other Medical Equipment are you dependent on ? \_\_\_\_\_ Provided By: \_\_\_\_\_  
Oxygen \_\_\_\_\_  
Nebulizer \_\_\_\_\_  
Compressed Air \_\_\_\_\_  
C-Pap \_\_\_\_\_  
Bi-Pap \_\_\_\_\_  
Other \_\_\_\_\_
7. Location you will go to if there is a power outage:  
2 hour or less: \_\_\_\_\_  
3-8 hours: \_\_\_\_\_  
8-24 hours: \_\_\_\_\_  
24 or more hrs: \_\_\_\_\_
8. How will you get there ? \_\_\_\_\_
9. Who will take you there ? \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_
10. Who is your Emergency Contact Person ?  
Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_  
When is the best time to Contact this Person ? \_\_\_\_\_