

Critical Care Customer Registration

B-499 O'Brien Rd, Renfrew ON K7V 3Z3 • 613-432-4884 • info@renfrewhydro.com • renfrewhydro.com

Account Information - To be completed by Customer	
Account Holder:	Account Number:
Service Address:	
Telephone (Main):	Telephone (Cell):
Email Address:	
I consent to the release of the following information to Renfrew Hydro Inc. (RHI) to be added to the Critical Care Customer List. I hereby authorize and direct my physician to complete this form for this purpose. I understand that this medical registration form will expire after 12 months, at such time a new registration form will need to be submitted. I confirm the information provided is accurate and up-to-date. I will contact RHI if the medical situation changes.	
By signing this form, I/We acknowledge and agree to the above mentioned statements and wish to be added to the Critical Care Customer List.	
Account Holder Signature:	Date:
Medical Information - To be completed by Physician	
Physician Name:	Physician Phone:
Physician Address:	
Patient Name:	Relationship to Account Holder:
Type of Medical Equipment:	
Does Equipment have Battery Backup: YES NO If Yes, for How Long:	
I certify that electrical service disconnection at the above mentioned service address poses a risk of significant adverse effects on the physical health of the patient listed above. Physician Signature:	
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Please be advised that customers who require an uninterrupted source of power for medical related equipment must prepare and provide their own back up equipment for these purposes. While Renfrew Hydro makes every effort to minimize both the length and impact of all planned outages and notify all impacted Critical Care Customers, we cannot always guarantee an uninterrupted supply of electricity to our customers.

Renfrew Hydro will not always have the opportunity to notify customers of all outages as some are unplanned. Renfrew Hydro will make every effort to contact these customers but will not be liable in any manner to the customer for failure to do so.