



MEDICAL OUTAGE NOTIFICATION

Name on PUD account _____

Address _____

Phone Number _____

Email _____

Customers with special medical requirements may be affected by both planned and unplanned power outages. Needed back-up or stand-by generation is the responsibility of the customer. The District, when possible, will notify customers of a planned outage. Per WAC 480.100.128 and RCW 80.28.010, a medical emergency does not release the customer from their responsibility to pay.

I understand and agree that Kittitas PUD cannot guarantee that services will not be interrupted. I further understand and agree it is my responsibility to provide backup resources in case of a scheduled or unscheduled interruption.

I will contact the PUD with any changes to contact information. I understand that the PUD will attempt to notify customers of PLANNED outages by phone or door hanger prior to the scheduled outage. If there is an interruption of services that I was not notified about, I will contact the PUD to report the outage and a lineman will be dispatched at that time.

Doctor verification must be provided in order to be added to the list for Medical Alert Notifications.

Signature _____ Date _____

Print Name _____

Please return completed form to:

Kittitas PUD #1
1400 Vantage Hwy
Ellensburg, WA. 98926

-Or-

Submit form Electronically below