

This application must be completed in order to obtain the designation of Critical Care or Chronic Condition Status with New Braunfels Utilities (NBU). Upon qualification, NBU will make every attempt to notify the customer of any planned outages and what the probable duration of the outage would be. Registered customers are not exempt from their financial responsibilities to pay timely for electric utility services provided or from potential termination of service in accordance with NBU policies.

Qualification pursuant to this form does not guarantee an uninterrupted power supply, if electricity is a necessity to sustain life and/or to prevent the impairment of a major life function, you are advised to make prior arrangements for back-up power on site, timely transport to another location, or other arrangements in the event of a loss of power.

The information on this form may be subject to verification and additional information may be required from you or your physician.

Account Information - To be Completed by Customer

Name on Account: _____ Account #: _____

Service Address: _____
Address Apt/Unit

Phone#: _____ Patients Relationship to Account Holder: _____

Customer Signature: _____

Patient/ Patient's Guardian, Parent, or Managing Conservator Signature: _____

Physician Information - To be Completed by Physician

Patient's Name: _____ Date of Birth: _____

Physician Name: _____ Physician Phone #: _____

Physician Address: _____
Address Apt/Unit City State Zip

Which of the following is the patient considered:

 Critical Care (Defined as one in which an interruption or suspension of electric service would create a dangerous or life-threatening condition. This qualification requires renewal one year from the date you are qualified.) **Chronic Care** (Defined as one having been diagnosed by a physician as requiring an electric-powered device (or heating or cooling of the home) to prevent the impairment of major life function. This qualification requires renewal every two years from the date you are qualified.)Is the condition life long? Yes No

Type of Electric, Life-Sustaining Equipment Used: _____

Physician Signature: _____

In-Office Use Only

Received Date: _____ Service Order: _____

NBU Representative: _____