



# Emergency Calls - Medical Reasons

E.C.R. # \_\_\_\_\_

Please complete all blanks. Please print or type clearly.

## Customer Information Section

<b>Customer Name</b>	
<b>Address</b>	
<b>Email</b>	
<b>Telephone Number:</b>	<b>Home:</b> <b>Business:</b>

Briefly explain the reason for being on Alectra Utilities' Emergency Calls - Medical Reasons List:

## Alternate Contact Information

<b>Alternate Contact Name</b>	
<b>Email</b>	
<b>Telephone Number</b>	<b>Home:</b> <b>Business:</b>

There will be a survey every ten (10) to twelve (12) months to assist us in keeping current records. Please contact Alectra Utilities at 519-822-1750 Ext. 4900 or email [cservice@guelphhydro.com](mailto:cservice@guelphhydro.com) should your situation or information change.

I hereby authorize Alectra Utilities (formerly Guelph Hydro) to use the above information as required for the purpose of notification about power interruptions.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Submit your completed form by email to [cservice@guelphhydro.com](mailto:cservice@guelphhydro.com)

or mail to:

Alectra Utilities  
395 Southgate Drive  
Guelph, ON  
N1G 4Y1  
Attention: Operations

Looking for news, updates and information about power outages? Follow us on Twitter @GuelphHydro.



**For Alectra Utilities Use Only - Control Room Section**

Date Request Received: \_\_\_\_\_ By: \_\_\_\_\_

Bank Number: \_\_\_\_\_ Local Number: \_\_\_\_\_ Feeder: \_\_\_\_\_

Information added onto Emergency Calls List and Special Instruction added to Bank Information.

Date: \_\_\_\_\_ By: \_\_\_\_\_