



PRINT

## Residential Application for Chronic Condition or Critical Care

ACCOUNT NUMBER: \_\_\_\_\_  
(as shown on the City of Lubbock Utilities bill)

ACCOUNT NAME: \_\_\_\_\_  
(as shown on the City of Lubbock Utilities bill)

SERVICE ADDRESS: \_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_

**I certify that the termination of electric service would disrupt the use of life support equipment and would create a medical emergency for \_\_\_\_\_**

**DOB \_\_\_\_\_ who is a permanent resident at the above address.**

TYPE OF EQUIPMENT UTILITLIZED: \_\_\_\_\_

AUTHORIZING PHYSICIAN NAME: \_\_\_\_\_

PHYSICIAN PHONE NUMBER: \_\_\_\_\_

PHYSICIAN LICENSE NUMBER: \_\_\_\_\_

SIGNATURE OF AUTHORIZING PHYSICIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

Please provide a person and contact number, other than the account holder's, who may be reached in case of emergency.

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER: \_\_\_\_\_

**The City of Lubbock Utilities (LP&L) cannot guarantee uninterrupted power all of the time. If lives depend on an uninterrupted source of electricity, it is critical that alternate sources are available. You should also have a back-up plan in case City of Lubbock Utilities is unable to restore power quickly.**

If you have any questions regarding the use of this form, please contact Customer Service at (806) 775-2509.

**Print and mail to City of Lubbock Utilities, ATTN: Collections, P.O. Box 10541, Lubbock, TX 79408-3541; drop off in person with Customer Service at 1314 Ave K, Lubbock, TX 79401; or scan and attach to the email address of: [LPLCustomerCare@mail.ci.lubbock.tx.us](mailto:LPLCustomerCare@mail.ci.lubbock.tx.us)**