



CRITICAL CARE APPLICATION

A Critical Care Application is defined as one in which an interruption or suspension of water service would create a dangerous or life-threatening condition. Upon qualification, Green Valley Special Utility District (GVSUD) will make every attempt to notify the customer of any planned outages and what the probable duration of the outage would be.

Qualification pursuant to this form does not guarantee an uninterrupted water supply, and if water is a necessity, you may need to make other arrangements.

This qualification requires renewal one year from the date you are qualified. The information on this form may be subject to verification and additional information may be required from you or your physician.

FOR DISTRICT USE ONLY

Date Received: _____ Service Order #: _____
Name on Account: _____ Acct/Ten #: _____
Service Address: _____

TO BE COMPLETED BY THE CUSTOMER

Patient Name: _____
Phone #: _____ Secondary #: _____
Service Address: _____
Contact Name: _____ Relationship: _____
Phone Number: _____ Secondary #: _____
Patient's Signature: _____ Date: _____

TO BE COMPLETED BY THE PHYSICIAN

Physician Name: _____
Physician Office Address: _____
Phone #: _____

MEDICAL EQUIPMENT INFORMATION

Type of Water, Life-Sustaining Equipment Used: _____
Medical Diagnosis: _____
Does the customer require on-site backup capabilities or alternatives for loss of normal water service?
Yes No If yes, please describe: _____
How long can patient sustain without water service? (number of hours) _____
Is condition life-threatening without water service? _____
Physician Signature: _____