



Medical Notification Request Form

PATIENT INFORMATION

_____		Date _____	
Name (Last, first, middle initial)		ENMAX Account Number	
Street address _____	City _____	Prov. _____	Postal Code _____
Primary phone number _____	Other phone number _____	E-mail address _____	

I certify that I or a member of my home requires uninterrupted power to sustain the necessities of life.

Customer Signature: _____ Date: _____

NOTE: This request is valid only for 1 year from date of completion.

To be completed by Medical Doctor only

Is there is a medical need for uninterrupted electricity to sustain life.

Yes No

Name: _____

Signature _____ Date _____

Because it is never possible to absolutely guarantee that power interruptions will never occur, ENMAX's Terms and Conditions of operations (which customers can find on our website at http://www.enmax.com/NR/rdonlyres/C74A6585-E2FD-4633-A333-A242289894F3/0/DT_terms_conditions.pdf on Page 22, section 5.2) state that a continuous supply of power is never guaranteed, regardless of cause, and that ENMAX could not compensate for any losses associated with such outages.

For Administrative Use Only: _____ Date received _____

Action taken _____

Please return the form through any of the following methods:

Email: payments@enmax.com

Fax: 403-385-1850

Mail: ENMAX Customer Care
PO BOX 2900 STN M
Calgary, AB T2P 2M5
ATTN: CREDIT AND COLLECTIONS

[Attach additional documentation, if applicable.]