



## MEDICAL OUTAGE NOTIFICATION

Name on PUD account \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

**I will contact PUD with any changes to contact information. The PUD will notify customers of *PLANNED* outages by phone or door hanger prior to scheduled outage.**

**Please contact the PUD in the event of an unplanned outage and a lineman will be dispatched.**

Customers with special medical requirements may be affected by both planned and unplanned power outages. Needed back-up or stand-by generation is the responsibility of the customer. The District, when possible, will notify customers of a planned outage. Per WAC 480.100.128 and RCW 80.28.010, a medical emergency does not release the customer from their responsibility to pay.

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

Print Name \_\_\_\_\_

Please return completed form to:

Kittitas PUD #1  
1400 Vantage Hwy  
Ellensburg, WA. 98926

-Or-

[customerservice@kittitaspud.com](mailto:customerservice@kittitaspud.com)