



Anchorage Water & Wastewater Utility LIFE SUPPORT ALERT CERTIFICATION



SPECIAL NOTE:

AWWU CANNOT GUARANTEE UNINTERRUPTED SERVICE. WE REQUEST THAT THE CUSTOMER NOTIFY US BY TELEPHONE IMMEDIATELY IN THE EVENT OF A WATER OUTAGE.

Customer Name _____ Telephone Number _____

Address (location of life support equipment) _____

City, State, Zip _____

Patient's Name _____ Telephone Number _____

Relationship to Customer _____

MEDICAL PROFESSIONAL'S CERTIFICATION:

I certify that _____ is being treated by me for a condition requiring water-dependent life support equipment at the location set forth above.

Medical Professional's Signature

Date

Printed Name _____

Phone Number _____

Address _____

City

State

Zip

***** Please notify AWWU if your status changes! *****

Please obtain medical professional's signature and return completed form to:

postal mail: **Life Support Alert Program
AWWU Customer Service
3000 Arctic Blvd.
Anchorage AK 99503-3813
email: CustomerService@awwu.biz
fax: (907) 562-0702**