

Withlacoochee River Electric Cooperative, Inc.

P. O. Box 278
Dade City, FL 33526-0278

Customer Medical Priority Request Form

Customer Information

Name: _____ Phone Number: () _____ - _____ Date: _____
Customer Number: _____ Service Location: _____
Account Number: _____
Meter Number: _____

Physician Information

Patient: _____ Doctor: _____
Duration of Request: _____ Doctor's Phone No. () _____ - _____
Doctor's Address: _____

Reason for Request

Medical Term: _____
Description: _____

Signed _____ Date _____
(Patient or Guardian)

Signed _____ Date _____
(Physician)

WREC USE ONLY

Seal Installed or Removed _____ Date _____ Initials _____
Truck No. _____
