



Withlacoochee River Electric Cooperative, Inc.

P. O. Box 278

Dade City, FL 33526-0278

Member Medical Priority Request Form

Member 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. _____