

# City of Independence

## UTILITIES CUSTOMER SERVICE

17221 E. 23RD ST. S. • P.O. BOX 410 • INDEPENDENCE, MISSOURI 64051-0380 • (816) 325-7930  
www.ci.independence.mo.us FAX • (816) 325-7684



## CRITICAL CARE CUSTOMER APPLICATION

Customer's Name \_\_\_\_\_

Enclosed is an application for the Critical Care program. The purpose of this program is to allow the customer to make one payment arrangement in a twelve month period.

Please fill out the upper portion of the attached application form and have your physician fill out and sign the bottom half. We will notify you via a confirmation letter if your medical equipment qualifies you for the Critical Care program.

All eligible Critical Care customers will receive a renewal application every two (2) years. To remain eligible, the form must be completed and returned within thirty (30) days of the expiration date. Completed applications should be returned to:

Utilities Customer Service  
Attn: Critical Care  
P.O Box 1019  
Independence, MO 64051-1019

**Please note that the critical care program does NOT guarantee continuous electrical service or shield customers from disconnection for non-payment of utility bills.** We urge you to secure backup electrical methods and/or make alternate housing arrangements should an interruption of service be necessary. *The qualifying Medical Equipment is listed on the following page.* Please call 816-325-7930 with any questions you may have.

Utilities Customer Service  
City of Independence

Life Support Equipment includes but is not necessarily limited to:

Aerosol Tents

Compressors

Electric Nerve Stimulators

Electrostatic and Ultrasonic Nebulizers

Hemodialysis Machines

Intermittent positive pressure breathing (IPPB) machines

Iron Lungs

Motorized Wheelchair

Pressure Pads and Pumps

Respirators

Suction Machines

Oxygen concentrators