



MEDICAL ALERT FORM

To Be Renewed Annually

Address

Date

Customer

Phone

Patient

Date of Birth

Relationship to Customer

Physician's Name

Physician's Phone

Physician's Signature

Condition of Patient

Equipment Used

Please be advised that this request does not release your responsibility on your utility account. Arrangements can be made through the City Clerk's office at 301 N 8th St, or by calling 620-276-1100, 8 AM to 5 PM. During a storm outage since electricity is needed to run your medical equipment, your address will have priority over others. It is the customer's responsibility to notify the City if residency should change.

Office Use Only

Meter # _____

Account # _____

Remarks:

Reason for Discontinuance: _____

MATTHEW C. ALLEN
City Manager

MELINDA A. HITZ, CPA
Finance Director

RANDALL D. GRISELL
City Counselor

CITY ADMINISTRATIVE
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