



## Easton Suburban Water Authority

3700 Hartley Avenue • P.O. Box 3819 • Easton, PA 18043-3819

Phone: 610-258-7181 • Fax: 610-258-7780

[www.eswater.net](http://www.eswater.net)

### Dear Customer,

It is important to us to serve the water needs of all of our customers. However, some customers have special needs that require a continuous water supply for medical, environmental or other reasons. In the event that supply is interrupted or there is a need to follow water precautions or restrictions, we may need to contact you immediately, perhaps even during non-business hours.

If your organization requires an uninterrupted supply of water, please complete the Critical Care Customer Notification Form below and return it to our office as soon as possible or with your next bill payment. We will use the information to update our database and provide you with more timely notification of anything that affects your water supply. Please complete all sections of the form below and return it to our office as soon as possible. Thank you.

## Critical Care Customer Notification Form

### Customer Information

Name: \_\_\_\_\_ Account #: \_\_\_\_\_ Date: \_\_\_\_\_

Service Address: \_\_\_\_\_ Municipality: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Service:  Health Care  Municipality  Child Care  Education  Business  Residential  
 Other \_\_\_\_\_

Notification Class: *(Make your recommendations. ESWA will make the final determination of Notification Class)*

Critical Care *(water necessary for life)*  High Priority *(water required for operation)*  Priority *(water helpful for care)*

How would a temporary lack of water supply affect your facility? \_\_\_\_\_

Normal Hours of Operation: \_\_\_\_\_ Critical Time Periods: \_\_\_\_\_

### Contact Information

If there is a problem with your water, it is very important that we have accurate information about how to contact you. Please complete the information below for at least two individuals who will serve as contact representatives for your organization. If you would like to submit information for additional contacts, please feel free to copy this form. Be as specific and detailed as possible.

#### First Contact:

Name: \_\_\_\_\_

Title/Dept: \_\_\_\_\_

Normal Work Hours: \_\_\_\_\_

\*Login ID: User Name \_\_\_\_\_ Password \_\_\_\_\_  
*\*Provided by ESWA*

#### Second Contact:

Name: \_\_\_\_\_

Title/Dept: \_\_\_\_\_

Normal Work Hours: \_\_\_\_\_

\*Login ID: User Name \_\_\_\_\_ Password \_\_\_\_\_  
*\*Provided by ESWA*

In an emergency, how should we contact you? *(Complete ALL information; list your preferences in each section by 1, 2 and 3)*

#### During Normal Business Hours:

*(8:30 am – 4:30 pm, Monday through Friday)*

\_\_\_ Business Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

\_\_\_ Dept/Main Office Phone: \_\_\_\_\_

\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_ Fax: \_\_\_\_\_

\_\_\_ Email: \_\_\_\_\_

#### During Normal Business Hours:

*(8:30 am – 4:30 pm, Monday through Friday)*

\_\_\_ Business Phone: \_\_\_\_\_

\_\_\_ Dept/Main Office Phone: \_\_\_\_\_

\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_ Fax: \_\_\_\_\_

\_\_\_ Email: \_\_\_\_\_

#### After Normal Business Hours:

*(evenings, weekends, holidays)*

\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_ Alternate Phone: \_\_\_\_\_

\_\_\_ Email: \_\_\_\_\_

#### After Normal Business Hours:

*(evenings, weekends, holidays)*

\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_ Alternate Phone: \_\_\_\_\_

\_\_\_ Email: \_\_\_\_\_

**Thank you! To update your information, complete and re-submit this form to our office.**