## North Dakota Emergency Medical Information—Third-party notification card

If you have answered yes to any of these questions, please return this card. If you have answered **NO** to ALL questions, please DO NOT return this card.

		Yes	No
1.	Is any member of your household 65 years of age or older, or handicapped?		
2.	Do you have any emergency medical problems in your household?		
3.	Do you desire that we notify the area social service office or other appropriate financial assistance agency in the event of a proposed disconnect?		
4.	Do you desire that we contact a third party in the event of a disconnect?		
	If yes, name and address of person		

5. If you are having difficulty paying your bill, please contact our local service representative or business office (see list below) so that we can work with you on your problem.

## THIS CARD EXPIRES OCTOBER 1<sup>ST</sup> EACH YEAR AND MUST BE RENEWED ANNUALLY.

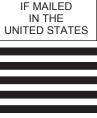
## This form must be signed and filled out completely.

Name	Date	,			
Otter Tail Power Company account number					
Address					
Signature					
Business office addresses:					
524 Fifth Ave S, Devils Lake, ND 58301					
171 Main St N, Garrison, ND 58540					
315 2nd St SE, Jamestown, ND 58402					
226 South Main, Rugby, ND 58368					
2111 15th Street N, Wahpeton, ND 58075	Phone: 800-257-4044 or 218-739-8877	9/21			

OTTER TAIL POWER COMPANY 524 FIFTH AVE S **PO BOX 400 DEVILS LAKE ND 58301** իրորությունը հերկերի հայունիների հերկերինինին կենկին

POSTAGE WILL BE PAID BY ADDRESSEE

**BUSINESS REPLY MAIL** FIRST-CLASS MAIL PERMIT NO. 9 FERGUS FALLS MN



NO POSTAGE NECESSARY