

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 1ST 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



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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

POSTAGE WILL BE PAID BY ADDRESSEE

OTTER TAIL POWER COMPANY
524 FIFTH AVE S
PO BOX 400
DEVILS LAKE ND 58301

