



Priority Restoration

Date: _____

Member Name: _____

Account Number: _____ Phone Number: _____

This document is to give Citizens permission to add Priority Restoration to the Phone service located at: _____

I understand if my account becomes delinquent this will not keep my services from being disconnected.

Member Signature: _____

Permission to Act: _____

Based upon the patient's medical history and your knowledge of the medical condition, you are requesting Citizens to place this patient residential phone service on priority restoration. When the patient residential service experience outages their phone line will take priority when being restored.

Physician Signature: _____