



City of Loveland

CRITICAL WATER USER LIST

Attention Water Customer:

A top priority of the City of Loveland is to provide a reliable supply of quality drinking water to all customers in our service area. Uninterrupted water service is especially important to health care facilities providing patient care and rehabilitation services, and to residents with serious medical conditions that require a continuous supply of water for equipment such as kidney dialysis machines and at-home life support systems. In the event of planned or unexpected water service interruptions, the City will attempt to notify such health care providers and residents as quickly as possible.

If you or someone in your facility of household has a serious medical condition that makes it critical to have water at all times, please complete the attached form and return to City Hall. After review and approval, you will be added to our critical water user list. If you are a private citizen/water customer, you will be required to provide written documentation from your medical provider in order to be placed on the list.

Please note that inclusion on this critical water user list is not a guarantee of notification, as some water emergencies may occur without warning. Unplanned water service disruptions can be caused by main breaks, valve failures, or loss of electricity. Because some water service interruptions are unplanned, it is imperative that critical water users are adequately prepared for such emergencies. Please ensure that you keep a supply of water on hand to meet your needs in the event that water supplied by Loveland is temporarily unavailable.

If you have any questions or need additional information, please contact City Hall at (513) 707-1451.

Sincerely,

City of Loveland, Ohio
Public Works Department



City of Loveland

CRITICAL WATER USER APPLICATION (Residential)

The City of Loveland maintains a list of critical water users to be contacted in the event of water service interruptions. To properly classify your facility, please make sure to complete this form in its entirety and note the type of facility, as well as the impact of a lack of water supply.

Customer Name: _____ **Account #:** _____ **Date:** _____

Service Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____

Brief Description as to why you should be considered a Critical Water User:

Emergency Contact Information: In the event of an emergency, please list two contact names that are not listed on the account for routine business that would need be contacted immediately regarding water service interruptions.

Contact Name: _____ **Phone:** _____ **Email:** _____

Alternate Contact Name: _____ **Phone:** _____ **Email:** _____

Signature of Occupant: _____ **Date:** _____



City of Loveland

CRITICAL WATER USER APPLICATION (Residential)

Physician's Statement

Physician's Name: _____

Address: _____

Phone: _____

Physician's Signature: _____ **Date:** _____

Brief Description as to why Patient should be considered a Critical Water User:

Patient's Name: _____

Patient's Address: _____

Please return the completed form
to: City of Loveland
Attn: Customer Service Department
120 West Loveland Avenue
Loveland, Ohio 45140
Phone: 513-707-1451

FOR OFFICE USE ONLY:
(circle) Approved or Denied
Reason Denied: _____

Approved by: _____ Date: _____
Processed by San#: _____ Date: _____