

# 2022 Potassium Iodide (KI) Voucher

By signing this form, I agree that I have read the KI information provided and that I am obtaining KI for people who live or work within 10 miles of the Cook Nuclear Plant.

## PLEASE COMPLETE SECTION 1 OR 2

### 1. REQUESTING KI FOR HOUSEHOLD USE

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_ PHONE: (    ) \_\_\_\_\_

NUMBER OF PEOPLE LIVING AT THIS ADDRESS: \_\_\_\_\_

AGES OF PEOPLE LIVING AT THIS ADDRESS: \_\_\_\_\_

### 2. REQUESTING KI FOR BUSINESS USE

NAME OF BUSINESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_ PHONE: (    ) \_\_\_\_\_

NUMBER OF EMPLOYEES/PATIENTS/RESIDENTS/CLIENTS AT THIS ADDRESS: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

PHARMACY USE ONLY		
# OF BOXES DISPENSED:	LOT #:	DATE DISPENSED:
PHARMACY NAME:	PHARMACY #:	
CITY:		