



## 2012 Life-Support Registration Form

Name: \_\_\_\_\_ Account #: \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**\*PHYSICIAN MUST COMPLETE THIS PORTION**

Describe life-threatening condition: \_\_\_\_\_

\_\_\_\_\_

Describe life-support equipment required: \_\_\_\_\_

\_\_\_\_\_

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Members Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Keep in mind that placing your account on our Medical Registry does not guarantee uninterrupted service, prevent electric service disruption, or relieve your responsibility to maintain an account in good standing. Nor does the registry guarantee that members with severe medical conditions will be able to have their electric service restored following a natural or man-made power outage without consideration for the greater good and safety of the general public. Power must be restored in a particular manner and while this registration will not guarantee that you will be the first to have your power restored, it will help our employees make decisions when trying to restore power during a major outage situation.

**\*LIFE-SUPPORT REGISTRATION FORMS MUST BE RENEWED ANNUALLY.**