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Annual Life Support Registration Form

Placing your account on our Life Support Registry does not guarantee uninterrupted service, prevent electric service disruption, or relieve your responsibility to maintain an account in good standing. Likewise, the registry does not 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.

(Name) **(Account Number)**

(Address) **(City, State, Zip)**

(Phone Number) **(Alternate Phone)**

(Physician's Name) **(Phone Number)**

(Address) **(City, State, Zip)**

Describe life-threatening condition: (Physician or equipment provider must complete this portion or fax the information to 660-646-3569)

Describe life-support equipment required:

(Member's Signature) **(Date)**

(Physician's Signature) **(Date)**