

Fayette Electric Cooperative, Inc.

♥ *Life Support System Information* ♥

NAME AS APPEARS ON YOUR BILL: (Including Service Address off your bill if you have more than one meter.)

MAP NUMBER AS APPEARS ON YOUR BILL : _____
(Especially Important when you have more than one meter)

911 ADDRESS: _____

PATIENT'S NAME: _____

**** FIRST TO NOTIFY:** _____

Home Telephone Number: _____

Additional Telephone Numbers: _____

**** NEXT TO NOTIFY:** _____

Home Telephone Number: _____

Additional Telephone Numbers: _____

**** NEXT TO NOTIFY:** _____

Home Telephone Number: _____

Additional Telephone Numbers: _____

Description of electrically operated life support equipment: _____

Do you have a backup life support system: Yes No

If yes, how long will the backup last? _____

Do you have a backup generator: Yes No

Information provided by: _____

Telephone Number: _____ **Date:** _____