

# *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:** \_\_\_\_\_