Notice of Life-Sustaining Equipment

Let us know if you rely on electrically operated life-sustaining medical devices, and you may be in immediate danger if your electric service is interrupted. Please complete the information on both sides of this form and return it to Rhode Island Energy using one of the following methods.

Fax: 401-955-6617

Mail: Rhode Island Energy
PO Box 25215
Lehigh Valley, PA 18002-5215

Account Holder's Name	**Account Number**
	Phone Number
Service Address	

It is important that the account information listed above is correct. **Please Print.**

Do you have life-sustaining equipment in your home?

❑ **No**. Life-sustaining equipment is no longer in my home. Please remove my name from your list.

❑ **Yes.** The following life-sustaining equipment is in my home:

- ❑ Tank-Type Respirator (Iron Lung)
- ❑ Heart Rate Monitor
- ❑ Curaisse-Type Respirator (Chest)
- ❑ PD APNEA Monitor
- ❑ Rocking Bed
- ❑ Medical Pump
- ❑ Hemodialysis Equipment (Kidney Machine)
- ❑ Intermittent Positive Pressure
- ❑ Special Air Conditioner (please explain why this is needed):
- ❑ Diaphragm Stimulator
- ❑ Electrically Operated Respirator
- ❑ Oxygen Concentrator
- ❑ Suction Machine (Pump)
- ❑ Press Respirator
- ❑ Respirator CPM Drum Ventilator

Business Use

❑ Other types of life-sustaining equipment or medical condition (please be specific):

If you would like to authorize someone that we may discuss your account with other than yourself, please provide that party's information below.

Third Party's Name	**Third Party's Phone Number**
Third Party's Address	

Signature: _____ **Date:** _____

Business Use