

# Life-Sustaining Equipment Notification Form

## Jasper-Newton Electric Cooperative, Inc.

Please complete/update the following information for the safety of anyone living in your home who requires special, in-house life-sustaining equipment. (JNEC reserves the right to request a letter of verification from your medical doctor.)

Extra precautions will be taken to minimize service interruptions to locations where life-sustaining equipment is reported. Also, we will attempt to advise these special members in advance of any planned outages.

Send the completed form to Jasper-Newton Electric Cooperative, 812 South Margaret Avenue, Kirbyville, Texas 75956.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, Route, or P.O. Box

\_\_\_\_\_

City	State	Zip
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Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Account #: \_\_\_\_\_

Meter #: \_\_\_\_\_  
(List only the meter which serves the equipment)

Special Equipment (Please describe equipment and how it is used):

\_\_\_\_\_  
\_\_\_\_\_

Standby Generator: Yes \_\_\_\_\_ No \_\_\_\_\_

Battery Backup: Yes \_\_\_\_\_ No \_\_\_\_\_

Battery Life: \_\_\_\_\_

Other Comments: \_\_\_\_\_

\_\_\_\_\_  
Member's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*Note:** After this initial form, a letter will be sent to you in January of each year, requiring that all information be updated and returned to Jasper-Newton Electric Co-Op by the end of the month (January 31<sup>st</sup>). If this information is not received by the date listed, we must assume that you wish your account to be returned to it's normal status.