



P.O. Box 32 - One Energy Place, New London, OH 44851-0032
1-800-533-8658 or 419-929-1571
www.FirelandsEC.com

Life-Support System Certification Form

We respectfully request the attending physician to complete and certify the following information and return to:

Firelands Electric Cooperative, Inc.
One Energy Place • P.O. Box 32
New London, Ohio 44851
Phone: 1-800-533-8658 • 419-929-1571

I hereby certify that _____,
(Full Name of Patient)

a permanent resident at _____,
(Street Address) (City, State and Zip Code)

(Home Phone #) (Cell Phone #) (Other Phone #)

(FEC Account #) (Name on FEC Account)

is dependent upon a medical life-support system apparatus or machine which requires electric power, in their place of residence served by Firelands Electric Cooperative, Inc. The nature of the illness or injury and the life-support system in use is as follows:

(Physician's Signature) (Date)

(Street Address) (Phone)

(City), (State) (Zip Code)

This certification form is valid one year from date of physician's signature, and must be renewed annually. Inclusion on the "Life-Support System" list of Firelands Electric Cooperative, Inc. is **NOT to be taken as a guarantee** for either notification of planned outages or priority service during emergency outage situations. Firelands Electric Co-op will, however, attempt to give special handling to residents who are included on the "Life-Support System" list.