



P.O. Box 32
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.
P.O. Box 32 • New London, Ohio 44851
Phone: 1-800-533-8658 • Fax: 419-929-5122 • Email: billing@firelandsec.com

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 #)

(Firelands Account #) (Name Listed on Firelands Electric 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.

Note: This section to be completed by Physician

(Specific type of equipment used)

(Frequency/when used) (Average duration of each use)

(Physician's Printed Name) (Date)

(Physician's Signature)

(Street Address) (Phone)

(City) (State) (Zip Code) (Email)

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. This list also does not guarantee a reduction in available power in the event of a non-payment situation. In these situations, power may be limited to the amount necessary to operate the above-named medical device only.