



**REGISTRATION OF LIFE-SUPPORT SYSTEM**  
**AND THIRD PARTY DESIGNATION**

This is notification to the NORTHERN WASCO COUNTY PUD that the person indicated below is dependent upon an electrically operated life-support system.

It is understood that the PUD will notify the resident (or third party designate if unable to make contact with resident) prior to disconnection of electric service due to noncompliance of the PUD's Customer Service Policy.

In the event of a planned outage, PUD will make every reasonable effort to notify the resident, or the third party designate. In the event of an unplanned outage, every attempt will be made to restore power to his address on a priority basis. It is understood that the PUD will make every effort, but cannot guarantee continuous service or restoration within a specified time.

Resident agrees to notify PUD immediately if:

- (1) Circumstances change and/or the individual named below is no longer on life support assistance at the address indicated below;
- (2) Has changed life support systems; or
- (3) Has moved to a different location, either within or outside the PUD's service area.

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

Name of Person on Life Support \_\_\_\_\_ Age: \_\_\_\_\_

Name on Account \_\_\_\_\_ Relation to User \_\_\_\_\_

Account Address: \_\_\_\_\_ Telephone \_\_\_\_\_ (H)

\_\_\_\_\_ (W)

Mailing Address: \_\_\_\_\_

Mailing Address if different from service address: \_\_\_\_\_

Type of Life Support System being used: \_\_\_\_\_

Name & Address of Doctor \_\_\_\_\_

Prescribing Life Support System: \_\_\_\_\_

**THIRD PARTY DESIGNATION:**

*I have designated the following person to be notified if PUD is unable to contact me personally:*

Name: \_\_\_\_\_ Telephone # : \_\_\_\_\_ (H)

\_\_\_\_\_ (W)

Relationship to User: \_\_\_\_\_

Address if different from above: \_\_\_\_\_