



**FIRELANDS ELECTRIC COOPERATIVE, INC.**  
**103 INDUSTRIAL DRIVE**  
**NEW LONDON, OH 44851-9112**  
OFFICE: 1-800-533-8658 | OFFICE FAX: 419-929-8550  
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## LIFE-SUPPORT SYSTEM CERTIFICATION FORM

We respectfully request the attending licensed physician to complete and certify the following information and return to the contact information provided above.

I hereby certify that \_\_\_\_\_,  
(Full Name of Patient)

a permanent resident at \_\_\_\_\_  
(Street Address) (City, State, Zip Code)

\_\_\_\_\_  
(Primary Phone Number) (Secondary/Cell Phone Number) (Other Contact Phone Number)

\_\_\_\_\_  
(Name Listed on Firelands Electric Cooperative Account) (Firelands Electric Account No.)

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 IS TO BE COMPLETED BY PHYSICIAN

SPECIFIC TYPE OF EQUIPMENT USED: \_\_\_\_\_

FREQUENCY/WHEN USED: \_\_\_\_\_ AVERAGE DURATION OF EACH USE: \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Signature Date)

PHYSICIAN'S NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
(Street Address) (City, State, Zip Code)

PHYSICIAN'S PHONE NUMBER(S): \_\_\_\_\_

PHYSICIAN'S STATE LICENSE OR CERTIFICATE NUMBER: \_\_\_\_\_

**This certification form is valid one year from date of the licensed 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.