



P.O. Box 32, New London, OH 44851-0032  
1-800-533-8658 or 419-929-1571  
[www.FirelandsEC.com](http://www.FirelandsEC.com) • Fax: 419-929-5122 • [billing@firelandsec.com](mailto:billing@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 • 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.