

**Swisher Electric Cooperative, Inc.  
Life Sustaining Equipment**

Name on Account: \_\_\_\_\_

911 Address: \_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_

Account #: \_\_\_\_\_

Map Location: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_

Alternate Contact Phone: \_\_\_\_\_

Reason for needing immediate attention in the event of an outage:

\_\_\_\_\_

\_\_\_\_\_

Backup Power Supply -- include type and how long it will last:

\_\_\_\_\_

\_\_\_\_\_

**To Activate your request, we must receive written notification from your physician verifying your life support needs. This must be sent to Swisher Electric Cooperative *from* the physician.**

Complete and return this form to: Swisher Electric Cooperative

P O Box 67

Tulia, Texas 79088

(806)995-3567 or (800)530-4344

(806)995-2249 FAX