



Jones-Onslow EMC maintains a list of consumers on life-support systems dependent on electricity. Whenever possible, we try to notify these consumers of outages, whether planned or unplanned, that would affect the function of these systems. This notification allows you to make proper arrangements during emergencies. If you or a member of your household are presently on a life-support system and you would like to receive outage notification, please provide the following:

MEDICAL FORM (complete and **attach required physician documentation**)

Name of Account Holder: _____

Address: _____

City: _____ State: _____ Zip: _____

Are You or a Member of your Household Presently on a Life-Support System? (Y/N) _____

Name and Relationship: _____

Telephone Number: (Home) _____ (Cell) _____

Email: _____

Kind of Life-Support System: _____

Any Other Information That Might Be Helpful in Case of Emergency: _____

REQUIREMENTS FORM (initial)

_____ Jones-Onslow EMC will be notified immediately concerning any changes in the medical status of my account.

_____ I understand my account is subject to Jones-Onslow EMC's Service Rules and Regulations regarding disconnections of service for past due accounts.

_____ I understand Jones-Onslow EMC reserves the right to remove the medical status from any account that defaults on making monthly payments or does not provide the required yearly renewal medical documentation.

_____ I understand Jones-Onslow EMC will notify me whenever possible regarding outages. This notification does not guarantee continuous and uninterrupted service.

* Once we receive the completed, signed, and dated medical form we can set up the account for outage notification or update the present notification.

Signature: _____ Date: _____