

Life-Sustaining Equipment Notification Form

Jasper-Newton Electric Cooperative, Inc.

Please complete/update the following information for the safety of anyone living in your home who requires special, in-house life-sustaining equipment. (JNEC reserves the right to request a letter of verification from your medical doctor.)

Extra precautions will be taken to minimize service interruptions to locations where life-sustaining equipment is reported. Also, we will attempt to advise these special members in advance of any planned outages.

Send the completed form to Jasper-Newton Electric Cooperative, 812 South Margaret Avenue, Kirbyville, Texas 75956.

Name: _____

Address: _____
Street, Route, or P.O. Box

City	State	Zip
------	-------	-----

Phone #: _____ Work #: _____

Account #: _____

Meter #: _____
(List only the meter which serves the equipment)

Special Equipment (Please describe equipment and how it is used):

Standby Generator: Yes _____ No _____

Battery Backup: Yes _____ No _____

Battery Life: _____

Other Comments: _____

Member's Signature: _____

Date: _____

****Note:** After this initial form, a letter will be sent to you in January of each year, requiring that all information be updated and returned to Jasper-Newton Electric Co-Op by the end of the month (January 31st). If this information is not received by the date listed, we must assume that you wish your account to be returned to it's normal status.