

POWER FOR
YOUR WAY
OF LIFE



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A Touchstone Energy® Cooperative 

Critical List Form

Houston County Electric Cooperative attempts to maintain a record of customers dependent upon electrical life support systems in order to facilitate the maintenance and restoration of electrical service to such customers as soon as the situation reasonable permits. When you notify us, we will enter the information in your account file. If your situation changes and the equipment is no longer needed, please notify HCEC as soon as possible so that we may keep your account file up-to-date.

Please note, during widespread outages, despite our best efforts, power could be out for extended periods. In the event on inclement weather or prearranged outages, customers are advised to have alternate arrangements in place or an alternate power source available.

Persons having a need to be designated as Life Support Dependent Customers should complete the Customer's portion of this form and have their doctor/physician complete the Physician's portion and return it to the HCEC Office.

Member Portion:

Name on Account: _____ Account Number: _____

911 Address: _____

County: _____ Telephone #: _____ E-mail: _____

REASON: _____

Backup Power Supply (type and how long it will last): _____

I have read and understood the preceding information and certify that the information provided is correct.

Signature

Date

TO BE COMPLETED BY PHYSICIAN:

Description of Illness: _____

Description of Life Support Equipment: _____

Extent of Time & Use of Life Support Equipment: _____

Physician Name (PRINTED): _____

Phone Number: _____

Signature

Date