

www.fec-co.com EMAIL: farmers@fec-co.com

Annual Life Support Registration Form

Placing your account on our Life Support Registry does not guarantee uninterrupted service, prevent electric service disruption, or relieve your responsibility to maintain an account in good standing. Likewise, the registry does not guarantee that Members with severe medical conditions will be able to have their electric service restored following a natural or manmade power outage without consideration for the greater good and safety of the general public. Power must be restored in a particular manner and while this registration will not guarantee that you will be the first to have your power restored, it will help our employees make decisions when trying to restore power during a major outage situation. Please return via email, fax, or mail (contact information listed above).

(Name)	(Account Number)
(Address)	(City, State, Zip)
(Phone Number)	(Alternate Phone)
(Physicians Name)	(Phone Number)
(Address)	(City, State, Zip)
escribe life-threatening condition: (Physician	or equipment provider must complete this portion or fax the information to 660-646-356
escribe life-support equipment required:	
escribe ine-support equipment required.	
(Members Signature)	(Date)
(Members Signature) (Physicians Signature)	(Date)