

LINCOLN COUNTY POWER DISTRICT MEDICAL REQUIREMENTS

We can make special provisions for medical conditions that could be jeopardized by an interruption of electrical service.

If you or someone living in your home relies on electrically-operated medical equipment, please let us know so we can notify you before an outage, and send you information and contacts to prepare you in the event of an electrical outage. This form does not prevent your service from being disconnected for non-payment. Nor does this form hold LCPD liable for interruption of service when such interruption is caused by acts of the elements or for any cause out of the control of the District. The District will make every effort possible to contact the customer with as much notice as possible. LCPD recommends you seek temporary shelter if you use life-support equipment and your power is interrupted.

LCPD Account Number:
First Name on LCPD Account:
Last Name on LCPD Account:
Service Address line 1:
Service Address line 2:
City:
Phone Numbers: <u>House</u> _____ <u>Cell</u> _____ <u>Cell</u> _____ <u>Work</u> _____ <u>Work</u> _____ <u>Alternate</u> _____
PLEASE LIST ALL AVAILABLE PHONE NUMBERS

E-mail address:
Patient's Name:
Medical Condition:
Medical Equipment:
Frequency/Duration of use:
Comments:

Please mail this form to:
Lincoln County Power District
HC 74, Box 101
Pioche, NV 89043

Or drop it off at the District Office in Caselton, or put in the drop box in Panaca.