

LIFE SUPPORT REGISTRY

In an effort to update our files and to meet certain state law requirements, Shenandoah Valley Electric needs to know if someone in your home depends on life-support equipment. The term "life-support system" means a kidney dialysis machine, mechanical ventilation device or other medical device, the use of which is prescribed by a licensed physician and upon the request of the patient is certified by the physician in writing to SVEC as necessary to sustain critical body functions and without which a person is in imminent risk of death. Should any of this type of equipment be in use in your home, let us know.

This information is needed for two reasons. First, it is important to know where this equipment is located in the event of an emergency power outage. Knowing you have this equipment will alert the Co-op to contact you in the event of an unexpected outage. Second, at certain times our construction crews need to interrupt service for repairs or new construction. If

we know in advance that you have life-support equipment in operation, we can contact you about planned outages. It is the goal of the Cooperative to provide you with the highest quality service possible, but due to uncontrollable events (ice, snow, lightning, etc.) we cannot guarantee you electric service 100 percent of the time.

We recommend that any consumer with life-sustaining equipment look into buying a small generator capable of operating this important equipment.

Even if you have contacted the Cooperative in the past about the equipment in your home, please fill out the form below. Do not wait until a power outage to let us know you have life-supporting equipment in operation in your home. Mail the completed form, with your physician certification, to: SVEC, P.O. Box 236, Mt. Crawford, VA 22841.

Life-Support Form

Name _____

SVEC Acct. # _____

Address _____

Telephone # _____

Type of Life-Support Equipment _____

Standby generator available? Yes No

Maximum time you can safely be without electricity _____ hours.

Could individual be moved to hospital or other location with electricity? Yes No

Your signature _____

(Attach physician's executed certification)