

**Swisher Electric Cooperative, Inc.
Life Sustaining Equipment**

Name on Account: _____

911 Address: _____

County: _____

Account #: _____

Map Location: _____

Telephone #: _____

Cell Phone #: _____

Alternate Contact Name: _____

Alternate Contact Phone: _____

Reason for needing immediate attention in the event of an outage:

Backup Power Supply -- include type and how long it will last:

To Activate your request, we must receive written notification from your physician verifying your life support needs. This must be sent to Swisher Electric Cooperative *from* the physician.

Complete and return this form to: Swisher Electric Cooperative

P O Box 67

Tulia, Texas 79088

(806)995-3567 or (800)530-4344

(806)995-2249 FAX