

Life-Support Equipment Notification Form

Yes, I depend on life-support equipment....

Name:
Phone Number:
Location / Account Number:
Type of Equipment:
Do you have an emergency standby generator to operate this equipment? YES NO
If you're on oxygen, how many hours of back-up do you have?

PLEASE RETURN THIS FORM TO:

CWEC, 10401 Lystul Road, PO Box 100, Rosholt, WI 54473