ANZA ELECTRIC COOPERATIVE, Inc.
A Touchstone Energy® Cooperative
Phone: (951) 763-4333
P O Box 391909 (58470 Highway 371) Anza, CA 92539
Fax: (951) 763-5297

Date: _____

Member Name: _____

Service Address: _____

Account Number: _____

Thank you for informing us there is someone in your household using a life support system. In order for Anza Electric to provide our customers with the best service possible, our office maintains a list of all customers who currently use a life support system in their home. This list is used to notify our life support customers in the event of a planned outage. It is very important to have current phone numbers for your household. Please take the time to fill out the information below; your information could be helpful in the event of an emergency.
Please complete the questionnaire at the bottom of this page. You can mail, scan or email back to me.

If you have any questions, please contact the cooperative office.
Thank you,

Anza Electric Cooperative, Inc.

PLEASE COMPLETE AND RETURN

Is a life support system in use in your home?

☐ No
☐ Yes

If you answered "Yes", do you authorize Anza Electric to provide the information below to the local fire department? Yes ☐ No ☐

Are you interested in AEC providing a back-up generator in the case of a long-term outage?
Yes ☐ No ☐
(note: co-op members must meet certain criteria to participate in this program)

_____
Name of Person on Life Support System

_____
Home Phone Number Cell Phone Number

_____
Street Address City State Zip Code

_____
Type of Life Support System (e.g. oxygen, nebulizer etc.) Number of Back-up Hours Available