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PASCO, WA 99302-2407

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REQUEST FOR MEDICAL ALERT DESIGNATION

This request, including the Medical Certification, must be completed in full and returned to Franklin PUD, Customer Service Manager for an account to receive a Medical Alert Designation.
The District reserves the right to disconnect delinquent accounts.

SERVICE ADDRESS	
CUSTOMER NAME	FRANKLIN PUD ACCOUNT NO.
MAILING ADDRESS	EMAIL ADDRESS
PHONE NUMBER	CELL NUMBER
PATIENT NAME (REQUIRING LIFE SUPPORT EQUIPMENT)	PHONE NUMBER

I attest to the following:

- A. The life support equipment being utilized at the above Service Address is powered by electricity.
- B. I have read and understand the terms and conditions of Franklin PUD's Life Support Systems, Section 7C of the Rules & Regulations for Electric Service, on reverse side.

CUSTOMER SIGNATURE	DATE
PATIENT SIGNATURE	DATE

Medical Certification

This Certification must be completed by a Licensed Medical Practitioner.

PATIENT NAME	RELATIONSHIP TO CUSTOMER
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- A. The above-named patient has a medical condition requiring life support equipment which is necessary to protect his/her physical health.
- B. The required life support equipment being utilized at the above service address requires electricity to function.
- C. The required life support equipment is (specify): _____
- D. The expected duration of this condition is: _____
- E. The life support equipment is needed: _____ hours per day or _____ hours per week.

I attest that I have completed this Medical Certification to the best of my knowledge.

PRINT NAME	TITLE
SIGNATURE	DATE
ADDRESS	PHONE NUMBER

For Official Use Only	
Processed By (CSR Initials) _____	Date _____



Rules & Regulations for Electric Service

Section 7. Customer Responsibilities, Part C. Life Support Systems

In order to be notified in advance of planned electrical outages, a customer/patient utilizing a life support system must complete a Request for Medical Alert Designation, which includes a Medical Certification to be completed by a licensed medical practitioner. This form is available at the District's Customer Service Area during business hours and anytime on the District's website at <https://www.franklinpud.com/index.php/programs-services/medical-alert-designation/>

The customer/patient is responsible to provide the District in writing a telephone number that will enable timely contact by the District 24 hours per day; and to notify the District as soon as possible of any change in telephone number or medical situation of the person on life support services or when/if the life support equipment is no longer being utilized at the residence. Customers must update their Request for Medical Alert Designation form annually.

The District does not guarantee constant or continuous electric service, and because of this the District will make a reasonable effort to notify such life support system customers/patients of planned power outages, in advance, giving the date, time, and length of planned power outages. In the event of any periods of non-payment for the account at which the customer resides, the District reserves the right to disconnect delinquent accounts, to install a load limiting device, or to take other action as the District deems appropriate.

In the event the customer/patient needs to significantly increase the life support system electrical load, the customer will give sufficient advance notice to the District, so it may determine the need for any additional facilities. The customer will be liable for the cost of damages if the customer fails to notify the District and the District's equipment is damaged as a result.