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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's Customer Service Manager, in order for an account to receive a Medical Alert Designation.**

Service Address: \_\_\_\_\_

Franklin PUD Account Number: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Patient requiring Life Support equipment)

**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 3B of the Rules and 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: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_ Relationship to Customer: \_\_\_\_\_

- 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 and Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**For Official Use Only**

Processed By (CSR Initials) / Date \_\_\_\_\_ / \_\_\_\_\_ Mapped by (Eng. Initials) / Date \_\_\_\_\_ / \_\_\_\_\_



## Rules and Regulations for Electric Service

### Section 3. Customer Responsibilities, Part B. Life Support Systems

#### **B. Life Support Systems**

A customer/patient must complete a Request for Medical Alert Designation, which includes a Medical Certificate to be completed by a licensed medical practitioner, in order to be notified in advance of planned electrical outages. This form is available at the District's Customer Service Area during business hours and anytime on the District's website at [www.franklinpud.com](http://www.franklinpud.com).

The customer/patient is responsible to provide the District in writing a telephone number which 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. The District will make 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 as provided in *Section 10, Part A*, to install a load limiting device, or to take other action as the District deems appropriate.

The customer/patient is responsible to maintain sufficient battery back-up or alternative power generation for their life support system. In the event the customer/patient desires to significantly increase the life support system 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.