



May 2020

Dear Customer:

As hurricane season approaches, Pascoag Electric is updating its “Priority List”. This list contains customers who are dependent upon electricity to power life support equipment. We update this list annually.

If you have special requirements that are life threatening, please fill out the applicable information, sign your name on page 2 of this form, and return to the District at the address listed below, **DO NOT MAIL THIS FORM WITH YOUR PAYMENT**. Although you will be given a high priority designation, Pascoag Electric can not guarantee the continuance of electricity in an emergency situation, nor can the District guarantee that your service will be the first restored after an outage.

If you are dependent upon electricity to power life support equipment, please incorporate back up generation in your family’s plan. In the event you do not have back up generation, please plan to evacuate your family to a community shelter that can provide you with electricity.

Last month, the District sent all its residential customers an “Emergency Checklist”. This list provides a basis for your emergency plan. If you did not receive a copy of the checklist, please call our office and we will send you one.

<i><b>Priority Customer Registration Form</b></i>	
Name of Priority Customer: _____	
Name on Electric Bill _____	Electric Acct No. _____
Date Of Birth _____	Service Address _____
Apartment/Unit _____	City/Town _____
Phone: _____	Cell phone: _____
Email: _____	
<b>Life Support Systems</b>	
Which of the following do you use? (Please check all that apply)	
<input type="checkbox"/> <u>Oxygen Tank</u>	<input type="checkbox"/> <u>Oxygen Concentrator</u>
<input type="checkbox"/> <u>Respirator/Ventilator</u> : if yes does it have battery backup unit? Yes or No	
<input type="checkbox"/> <u>Clinical Dialysis</u>	<input type="checkbox"/> <u>Home Dialysis</u>
<input type="checkbox"/> <u>Electrical Pace Maker</u>	<input type="checkbox"/> <u>Electrical Defibrillator</u>
<input type="checkbox"/> <u>Medical Pump</u>	
<b>Please List Other Relevant Conditions:</b>	

Mail forms to: Pascoag Utility District, PO BOX 107, Pascoag, RI 02859.  
Do not include with your payment.



**PASCOAG**  
UTILITY DISTRICT

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

Print Name: \_\_\_\_\_

Date \_\_\_\_\_

List relationship if completing on individual's behalf: \_\_\_\_\_

In the case of a prolonged outage due to a storm or hurricane, you should contact the Pascoag Utility District for updates on the status of the electric outage or follow us on Twitter at <https://twitter.com/pascoagutility> or on Facebook at <https://www.facebook.com/PascoagUtilityDistrict>

Please consider joining the RI Special Needs Emergency Registry also, by calling 401-946-9996 or register on line at <https://kidsnet.health.ri.gov/emregistry/form.html>

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For Pascoag Utility District use only:

Date accepted: \_\_\_\_\_

Green Tag installed: \_\_\_\_\_

Approved by: \_\_\_\_\_

New: \_\_\_\_\_ Resubmittal: \_\_\_\_\_

Doctor's Certification Form Received: \_\_\_\_\_