



Please mail forms to:
Pascoag Utility District
PO Box 107
Pascoag, RI 02859

May 2021

Do not include form with your payment.

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 and return to the District at the address listed above, 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.

This 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.

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 registering online at https://kidsnet.health.ri.gov/emregistry/form.html

If you have any questions, please call the District office at (401) 568-6222.

Sincerely,
Pascoag Utility District Staff

Priority Customer Registration Form

Name of Priority Customer: Date of Birth:

Name on Electric Bill: Electric Account No:

Service Address: Apartment/Unit:

Best Contact Phone Number: Email Address:

Life Support Systems-Which of the following do you use? Please circle all that apply.

- Oxygen Tank
Respirator/Ventilator: if used, does it have a battery backup unit? Yes or No
Electrical Pace Maker
Medical Pump
Oxygen Concentrator
Home Dialysis
Electrical Defibrillator

Please list any other relevant conditions:

Signature:

List relationship if completing on individual's behalf

Print Name:

Date signed: