



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

**LIFE SUPPORT VERIFICATION FORM**

**ACCOUNT NUMBER:** \_\_\_\_\_

**ACCOUNT NAME:** \_\_\_\_\_

**SERVICE ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

I certify that the termination of electric service would disrupt the use of life support equipment and would create a medical emergency for: \_\_\_\_\_ DOB: \_\_\_\_\_ who is a permanent resident at the above address.

Type of equipment utilized: \_\_\_\_\_

Number of hours in use per day: \_\_\_\_\_

**PHYSICIAN NAME:** \_\_\_\_\_

**PHYSICIAN PHONE NUMBER:** \_\_\_\_\_

**PHYSICIAN LICENSE NUMBER:** \_\_\_\_\_

**This form should only be used in those instances where the customer will require long-term, life sustaining equipment. Nebulizers do not qualify.**

\_\_\_\_\_  
Signature of Physician

**Remember, Lubbock Power & Light cannot guarantee to have power available all of the time. If your life depends on an uninterrupted source of electricity, it is critical for you to have alternate sources available. You should also have a back-up plan in case Lubbock Power & Light is not able to restore power quickly.**

If you have any questions regarding the use of this form please contact Customer Service at (806)775-2509

Please return this form to Lubbock Power & Light at 1301 Broadway, Lubbock, TX 79401 **OR** PO Box 10541, Lubbock, TX 79408 ATTN: Doris Chancy **OR** fax to (806)775-3722

**Life Support Verification forms received after 4pm will be processed the following business day.**