



Rhode Island Energy™

a PPL company

Notice of Life-Sustaining Equipment

Let us know if you rely on electrically operated life-sustaining medical devices, and you may be in immediate danger if your electric service is interrupted. Please fill out completely and return using one of the following methods:

Email: RIProtections@rienergy.com

Fax: 1-866-460-8549

Mail: Rhode Island Energy
280 Melrose Street
Providence, RI 02907

Customer Name: _____

Service Address: _____

City/Town, Zip: _____

Telephone Number: (_____) _____ - _____ Account Number: _____ - _____

*It is important that the account information listed above is correct. **Please Print.***

Do you have life-sustaining equipment in your home?

No. Life-sustaining equipment is no longer in my home. Please remove my name from your list.

Signature: _____ Date: _____

Yes. The following life-sustaining equipment is in my home:

Tank-type Respirator (Iron Lung)

Heart Rate Monitor

Curaisse-type Respirator (Chest)

PD APNEA Monitor

Rocking Bed

Diaphragm Stimulator

Electrically operated Respirator

Oxygen Concentrator

Suction Machine (Pump)

Medical Pump

Hemodialysis Equipment (Kidney Machine)

Press Respirator

Intermittent Positive Pressure Respirator

CPM Drum ventilator

Special Air Conditioner (*Please explain why you need this*):

Other types of life-sustaining equipment or medical condition (Please be specific):

If you would like to authorize someone that we may discuss your account with other than yourself, please provide that party's information below.

Third Party Name: _____

Third Party Address: _____

Third Party City, State, Zip: _____

Third Party Telephone: _____