

Life-support list

We understand that electricity is a lifeline for family members or friends who use medical life-support equipment such as respirators, oxygen concentrators, home dialysis, or other equipment for human life-threatening medical conditions.

Itasca-Mantrap maintains a listing of Members who require medical equipment to sustain life and will attempt to notify them prior to a planned outage. Call our office or stop by and pick up the form to give to your doctor or medical provider. After we receive the form back with documentation, such as a letter or prescription from your doctor, you will be added to the list.

Please let us know if you no longer need this special consideration so our list remains current.

LIFE-SUPPORT LIST	
<input type="checkbox"/>	Yes, life-support equipment is in use
<input type="checkbox"/>	Please remove: _____ from the life-support list
Name: _____	
Address: _____	
City, State, Zip: _____	
Phone #: _____	
Location number (as found on your electric bill) _____	
Type of life support equipment or medical condition _____	
Battery Backup? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, how long will the batteries last? _____	
Is there a generator on-site for backup electricity? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Signature: _____	
Date: _____	
Return this form with supporting documentation from your health care provider to: Itasca-Mantrap Cooperative, PO Box 192, Park Rapids, MN 56470	