



If you rely on Life-Sustaining Equipment Please Complete the Information Below

Life-Sustaining Equipment

If you rely on electrically operated life-sustaining medical devices, and you may be in immediate danger if your electric service is interrupted, please review the information below and, if applicable, **complete and return it** to:

Wellesley Municipal Light Plant
Attn: Brenda Sullivan, Customer Service Department
4 Municipal Way
Wellesley MA 02481

While we inform customers about planned power outages and work hard to restore service as quickly as possible during unplanned outages, restoration does take time. We attempt to contact our customers on life-sustaining equipment before a planned outage. We also regularly review equipment requirements to stay up-to-date on our customers' needs. Should you have any questions please call the Customer Service Department at 781-235-7600, extension 3365, 3364, 3369 or 3372.

Account Number:

Customer Name:

Service Address:

Telephone Number:

Email Address (optional):

(we will send you an email to confirm receipt)

The following life-sustaining equipment is in my home:

- | | |
|--|--|
| <input type="checkbox"/> Heart Rate Monitor | <input type="checkbox"/> Rocking Bed |
| <input type="checkbox"/> PD APNEA Monitor | <input type="checkbox"/> Electrically operated respirator |
| <input type="checkbox"/> Diaphragm Stimulator | <input type="checkbox"/> Suction Machine (Pump) |
| <input type="checkbox"/> Oxygen Concentrator | <input type="checkbox"/> Hemodialysis Equipment |
| <input type="checkbox"/> Medical Pump | <input type="checkbox"/> Intermittent Positive Pressure Respirator |
| <input type="checkbox"/> Press Respirator | <input type="checkbox"/> CPM Drum Ventilator |
| <input type="checkbox"/> Other type of life-sustaining equipment or medical condition (please be specific) | |

Customer Signature