



# Medical Alert Designation Request

Customer Service Department  
PO Box 480  
Aberdeen, WA 98520  
PH: (360)532-4220  
FAX: (360)538-6400  
Email: customerservice@ghpud.org

This request form must be completed in full and returned to Grays Harbor PUD to be considered for Medical Alert Designation. Medical Certification from a Licensed Medical Professional is required on this form. Grays Harbor PUD cannot guarantee continuous utility service and it is the customer's responsibility to maintain a backup system or have an alternate plan in the event of such loss. Use of this certificate form does not provide any rights to the customer regarding service restoration in the event of an unexpected outage.

### Customer Information

Customer Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Patient requiring Life Support)

### **I attest to the following:**

1. The Life Support equipment being utilized at the above service address is powered by electricity.
2. I have read and understand the Terms and Conditions of Grays Harbor PUD's Life Support Systems attached to this request form.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Medical Certification

**This certification must be completed by a Licensed Medical Professional.**

"Licensed Medical Professional" means a licensed physician, nurse practitioner or physician's assistant authorized to diagnose and treat the medical condition without supervision of a physician.

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to GHPUD customer: \_\_\_\_\_

I attest that the above patient named has a medical condition requiring Life Support equipment which is necessary to protect his/her physical health. The required Life Support equipment being utilized at the above service address requires electricity to function.

1. The required Life Support equipment is (specify): \_\_\_\_\_ Wattage: \_\_\_\_\_
2. The expected duration of the condition is: \_\_\_\_\_
3. The Life Support equipment is needed: \_\_\_\_\_ hours per day or \_\_\_\_\_ hours per week.

### **I attest that I have completed this Medical Certification to the best of my knowledge.**

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

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

# Life Support Systems

## Terms and Conditions

In order to be notified in advance of planned electrical outages, the customer must complete a Request for Medical Alert Designation, which includes a Medical Certificate to be completed by a licensed physician. This form is available at the Districts Customer Service area. The customer/patient is responsible to provide the District in writing a telephone number which will enable timely contact by the District 24 hours per day; and to notify the District as soon as possible of any change in telephone number or medical situation of the person on the life support services or when/if the life support equipment is no longer being utilized at the residence. The District will regularly ask individuals to update their notifications.

The District does not guarantee constant or continuous electric service. The District will make reasonable effort to notify such life support system customers/patients of planned power outages, in advance, giving the date, time and length of planned power outages. The District reserves the right to install a load limiting device attached to the meter in the event of any periods of non-payment by the customer.