National Grid

Notice of Life-Sustaining Equipment

Account Number: _____

Customer Name: _____

Service Address: _____

City/Town, Zip: _____

Telephone Number: _____

The following life-sustaining equipment is in my home:

- ☐ Tank-type Respirator (Iron Lung)
- ☐ Curaisse-type Respirator (Chest)
- ☐ Rocking Bed
- ☐ Electrically operated Respirator
- ☐ Suction Machine (Pump)
- ☐ Hemodialysis Equipment (Kidney Machine)
- ☐ Intermittent Positive Pressure Respirator
- ☐ Special Air Conditioner *(Please explain why you need this)*

_____

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

_____

- ☐ Heart Rate Monitor
- ☐ PD APNEA Monitor
- ☐ Diaphragm Stimulator
- ☐ Oxygen Concentrator
- ☐ Medical Pump
- ☐ Press Respirator
- ☐ CPM Drum ventilator

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: _____