

Swisher Electric Cooperative, Inc. Life Support/Critical Care

Name on Account: _____

911 Address: _____

County: _____

Account #: _____

Map Location: _____

Telephone #: _____

Cell Phone #: _____

Alternate Contact Name: _____

Alternate Contact Phone: _____

Reason for needing immediate attention in the event of an outage:

Backup Power Supply—Include type and how long it will last:

To Activate your request, we must receive written notification from your physician verifying your life support needs. This must be sent to Swisher Electric Cooperative from your physician.

Complete and return this form to: Swisher Electric Cooperative
PO Box 67
Tulia, TX 79088
(806)995-3567 or (800)530-4344
(806)995-2249 FAX