

Special Needs Account Member Certification

MEMBER'S NAME _____

ADDRESS _____

PHONE _____

ACCOUNT# _____ LOCATION# _____ CYCLE# _____

I, the undersigned member of Laurens Electric Cooperative, Inc. hereby request and make application for my account to be added to the Special Needs Program.

I am under medical supervision.

The account is under my name but _____ resides in my home and is under medical supervision.

Please complete this form and attach a **medical statement** from your doctor. The statement needs to state why your account needs to be classified under the Special Needs Program. Also please have your doctor list any medical equipment that may be used in the home.

Physician's Name: _____ Phone #: _____

Physician's Address: _____

Type of Equipment: _____

Medical Condition: _____

Conditions of This Service:

- 1.) Being on Special Needs does not keep an account from being disconnected.
- 2.) We will attempt to contact the member before disconnection.
It is the *member's responsibility* to provide LEC with the up-to-date contact information.
- 3.) We do attempt to restore power to our Special Needs members first, when possible. We also try to notify Special Needs members of *planned* outages.
- 4.) It is the member's responsibility to notify the Cooperative if this certificate needs to be updated or continued longer than 12 months.

* I understand that this certification expires 12 months from the date of my signature below.

Member's Signature

Date

Approved For LEC