Big Horn Rural Electric Company

® Your Touchstone Energy® Cooperative

Medical Necessity Registry Program

Registry of residential service locations where people rely on life-sustaining electrical equipment. When planned outages are scheduled, we will attempt advanced notice so preparations can be made.

This registry does NOT guarantee priority electric service restoration in the event of an unplanned outage, nor are registered members exempt from their financial responsibilities.

Some examples of life-sustaining electrical equipment include, but are not limited to ventilators, oxygen concentrators, dialysis equipment, IV/nutrition pumps, CPAP/BIPAP machines, and defibrillators.

To register, please fill out the following and return it to Big Horn Rural Electric Company, P.O. Box 270, Basin, WY 82410.

Medical Necessity Registry

Name on Account _____

Service Address _____

_____

Account Number _____ Home Phone _____

Work Phone _____ Cell Phone _____

Name of Impaired Individual (if other than account holder) _____

Relationship to Account Holder _____

Type of Medical Device _____

Email address _____

I have read and understood Big Horn REA's information on the medical Necessity Registry Program and certify that the information provided on this application is correct. I agree to be contacted by the telephone at the phone numbers listed above with respect to the Medical Necessity Program. Big Horn REA is not liable for delayed or undelivered notifications.

_____ _____

Member Signature Date