



Massachusetts Notice of Life-Sustaining Equipment

Let us know if you rely on electrically operated life-sustaining medical devices, and you may be in immediate danger if your electric service is interrupted. Please fill out completely and return using one of the following methods:

Email: box.OutageLifeSupport@nationalgrid.com

Mail: National Grid, PO Box 960, Northboro, MA 01532-0960

It is important that the account information listed below is correct. **Please Print.**

Customer Name: _____

Service Address: _____

City/Town: _____ Zip: _____

Telephone Number: _____ Account Number: _____

Do you have life-sustaining equipment in your home?

No. Life-sustaining equipment is no longer in my home. Please remove my name from your list.

Signature: _____ Date: _____

Yes. The following life-sustaining equipment is in my home:

- | | |
|--|---|
| <input type="checkbox"/> Tank-type Respirator (Iron Lung) | <input type="checkbox"/> Heart Rate Monitor |
| <input type="checkbox"/> Curaisse-type Respirator (Chest) | <input type="checkbox"/> PD APNEA Monitor |
| <input type="checkbox"/> Rocking Bed | <input type="checkbox"/> Diaphragm Stimulator |
| <input type="checkbox"/> Electrically operated Respirator | <input type="checkbox"/> Oxygen Concentrator |
| <input type="checkbox"/> Suction Machine (Pump) | <input type="checkbox"/> Medical Pump |
| <input type="checkbox"/> Hemodialysis Equipment (Kidney Machine) | <input type="checkbox"/> Press Respirator |
| <input type="checkbox"/> Intermittent Positive Pressure Respirator | <input type="checkbox"/> CPM Drum ventilator |
| <input type="checkbox"/> Special Air Conditioner (Please explain why you need this): | |

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

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: