

# Life-Support List

We understand that electricity is a lifeline for family members or friends who use medical life-support equipment such as respirators, oxygen concentrators, home dialysis, or other equipment for human life-threatening medical conditions. Itasca-Mantrap maintains a listing of Members who require medical equipment to sustain life and will attempt to notify them prior to a planned outage. If you haven't notified Itasca-Mantrap of your use of life-support medical equipment and wish to be placed on the Life-Support List, please call our office to request a Life-Support List form. You will be added to the list upon receipt of the completed form and supporting documentation such as a letter or prescription from your doctor or other health care provider. Please also let us know if you no longer need this special consideration so our list remains current.

## LIFE-SUPPORT LIST

\_\_\_\_\_ Yes, life-support equipment is in use

\_\_\_\_\_ Please remove: \_\_\_\_\_  
from the life-support list

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Location number (as found on your electric bill)

\_\_\_\_\_

Type of life support equipment or medical condition

\_\_\_\_\_

Battery Backup? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how long will the batteries last? \_\_\_\_\_

Is there a generator on-site for backup electricity?

Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Return this form with supporting documentation from  
your health care provider to: Itasca-Mantrap Cooperative,  
PO Box 192, Park Rapids, MN 56470**