

**Whitney Office**

4581 FM 933- PO Box 2480

Whitney TX 76692-5480

Tel: 254-694-5237 Fax: 254-694-4062

Toll Free: 888-850-6551



**Midlothian Office**

300A Silken Crossing

Midlothian TX 76065

Tel: 972-723-2900 Fax: 972-723-2911

*Serving our Members with Pride since 1937*

**Itasca Main Office**

115 East Main St- PO Box 127

Itasca, TX 76055

Tel: 254-687-2331 Fax: 254-687-2428

Toll Free: 800-338-6425

**LIFE SUPPORT REGISTRATION**

Account Name \_\_\_\_\_

HILCO Account #: \_\_\_\_\_

911 Address \_\_\_\_\_

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

Cell Phone# \_\_\_\_\_

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

**A TELEPHONE NUMBER IS VERY IMPORTANT ON YOUR ACCOUNT BECAUSE OF YOUR EMERGENCY STATUS. PLEASE KEEP YOUR PHONE NUMBERS UPDATED AT ALL TIMES.**

Name of person on Support \_\_\_\_\_

Equipment in Use \_\_\_\_\_

Do you have an emergency back-up in case of an outage?    yes            no

If yes, what type do you have? \_\_\_\_\_

How many hours will it last? \_\_\_\_\_

**CONSUMER STATEMENT**

By signing this statement, I understand that I will be notified by HILCO Electric Cooperative, Inc. (HILCO) of any scheduled outages and that it is my responsibility to provide current and accurate information to HILCO on the status of an unplanned, unscheduled, or emergency outage. HILCO will attempt to contact the residence to check on the situation and affirm that power has been restored. I further understand that status of Life-Support list will not prevent the termination of my utility service, in the event that I fail to meet the payment requirements/obligations on my account. I further understand that I must update this form every 65 days. I will make prior arrangements with the HILCO business office and they will be reasonable with me in trying to work with me to prevent the possibility of termination of service for non-payment. I attest that the information that I have provided is true and accurate.

Member Signature \_\_\_\_\_

Date \_\_\_\_\_

**During times of disaster, with my signature, I authorize HILCO to release my name, address and telephone number to any Emergency Responder**

**FOR OFFICE USE ONLY**

Received by \_\_\_\_\_

Date \_\_\_\_\_