

Itasca Main Office  
115 East Main St-PO Box 127  
Itasca, TX 76055



Midlothian Office  
300A Silken Crossing  
Midlothian TX 76065

*Serving our Members with Pride since 1937*

Whitney Office  
4581 FM 933-PO Box 2480  
Whitney, TX 76692

Toll Free: 800-338-6425

Elm Mott Office  
298 S Connally Dr  
Elm Mott, TX 76640

### LIFE SUPPORT REGISTRATION

Name on Account: \_\_\_\_\_ HILCO Account #: \_\_\_\_\_  
911 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_  
Alternate Phone #: \_\_\_\_\_ Name of Person at Alternate #: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Alternate Email Address: \_\_\_\_\_

**AN EMAIL ADDRESS IS REQUIRED FOR NOTIFICATIONS DUE TO YOUR STATUS. A PHONE NUMBER IS ALSO IMPORTANT TO HAVE ON FILE. PLEASE KEEP YOUR EMAIL ADDRESS AND PHONE NUMBER 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 at my location. I further understand that my life support registration does not guarantee continuous service and 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 6 months. 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**