



LIFE SUPPORT NOTIFICATION PROGRAM

Please note that if you require life support you should be aware of the ENWIN Utilities Ltd. (“ENWIN”) practice, which is outlined below. A Life Support Customer (“LSC”) is defined as a residential customer that has provided ENWIN with documentation from a physician confirming that electrical service disconnection poses a risk of significant adverse effects on the physical health of the customer or on the physical health of the customer’s spouse, dependent family member or other person that regularly resides with the customer.

- A LSC should undertake to have an alternative source of electricity nearby, such as a battery backup system or a generator.
- A LSC should have a battery-operated radio (with a supply of fresh batteries) so that they can listen to the ENWIN updates during bad weather. These updates will indicate the severity of the storm and the length of the outage, if available.
- A LSC should always make arrangements to leave their home in the event the outage is extended.
- ENWIN will not always have the opportunity to notify LSC’s of all outages as some are unplanned.
- LSC’s should determine if their situation is critical enough to require a call for an ambulance.

Although ENWIN does not supply generators to LSC’s when power is being restored throughout the city, an attempt will be made to be sensitive to the needs of LSC’s. This does not however guarantee that LSC’s electricity will be restored in advance of other customers.

LIFE SUPPORT NOTIFICATION PROGRAM REGISTRATION FORM



DATE: _____ ENWIN CUSTOMER NAME: _____ ENWIN ACCOUNT #: _____

PATIENT'S NAME: _____
FIRST NAME MIDDLE INITIAL LAST NAME

PATIENT RELATIONSHIP TO ENWIN CUSTOMER: _____
(SELF; SPOUSE; DEPENDENT FAMILY MEMBER; OTHER PERSON THAT REGULARLY RESIDES WITH CUSTOMER).

SERVICE ADDRESS: _____
STREET ADDRESS CITY PROVINCE POSTAL CODE

HOME PHONE: _____ CELL PHONE: _____

ALTERNATE CONTACT: _____ PHONE: _____

I, _____, CONSENT TO THE RELEASE OF THE FOLLOWING INFORMATION TO ENWIN UTILITIES LTD. FOR THE PURPOSE OF ENABLING THE ABOVE REFERENCED ENWIN CUSTOMER TO BE ENROLLED IN THE LIFE SUPPORT NOTIFICATION PROGRAM. I HEREBY AUTHORIZE AND DIRECT MY PHYSICIAN TO COMPLETE THIS FORM FOR THIS PURPOSE.

SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY A LICENSED PHYSICIAN

PHYSICIAN NAME: _____ PHYSICIAN PHONE: _____

PHYSICIAN ADDRESS: _____
STREET ADDRESS CITY PROVINCE POSTAL CODE

TYPE OF MEDICAL EQUIPMENT: _____

I CERTIFY THAT ELECTRICAL SERVICE DISCONNECTION POSES A RISK OF SIGNIFICANT ADVERSE EFFECTS ON THE PHYSICAL HEALTH OF THE PATIENT LISTED ABOVE.

PHYSICIAN SIGNATURE: _____ DATE: _____

PLEASE FAX COMPLETED FORM TO: (519)-255-7423

OR EMAIL TO: info@enwin.com

**OR, MAIL TO: ENWIN Utilities Ltd.
P.O.Box1625 STN "A" 4545
Rhodes Dr.
Windsor, Ontario, N8W 5T1**