

REQUEST FOR PRIORITY LISTING

Sierra Electric Cooperative keeps on file a list of members on electrically powered life support equipment for priority power restoration in the event of an electrical emergency.

_____ (“**Requesting Party**”)

Resides at: _____

_____, NM 87 _____

Requesting Party is a person who resides within a home receiving electric service from Sierra Electric and is under the care of the undersigned physician who has prescribed the use of an electrically powered life-support system (oxygen, breathing machine, heart monitor, dialysis machine or other lifesaving equipment) _____
(please indicate what type of system).

Name of Physician: _____ (*please print name*).

Address of Physician: _____, _____, NM _____.

Signature of Physician: _____ Date: _____, 20____.

Requesting Member’s Contact Information (as shown on Sierra Electrics’ member records):

Name: _____ Phone # _____

Address: _____

By signing below the Requesting Party and/or Requesting Member agrees to indemnify and hold harmless Sierra Electric, its officers, directors, employees, members, agents and subsidiaries, from any and all damages, losses, claims, including claims and actions relating to injury to or death of the Requesting Party, or damage to property, demands, suits, recoveries, costs and expenses, including reasonable attorney fees, and all other obligations by or to third parties, arising out of or resulting from delivery or non-delivery of electric services to the residence of Requesting Party as set forth above, including but not limited to any such claims and actions relating to Sierra Electrics’ disconnection of electric service for non-payment.

Requesting Party Signature

Requesting Member Signature

Print Name

Print Name

Date

Date