

LIFE SUPPORT REQUEST FORM

The Puget Sound Energy (PSE) Life Support program is available to customers that require life support equipment at a PSE service address. When a customer account is approved for Life Support status, PSE field personnel are informed that critical medical equipment is in use at the location. Customers with Life Support status on their account also receive advanced notice for scheduled outages, including [Public Safety Power Shutoffs](#), when possible, and 48 hours' notice before disconnection of service due to failure to pay. PSE may communicate Life Support status to local first responders during emergencies.

TO BE COMPLETED BY THE CUSTOMER (REQUIRED):

Account Number: _____

Account Holder's Name: _____

Service Address: _____

Phone Number: (____) _____ Cell Phone? Yes No

Email Address: _____

By signing below, you affirm and consent to the following statements:

I am requesting enrollment in the Life Support program offered by PSE. I certify that a resident at my service address requires life support equipment.

I consent that PSE may communicate Life Support status to local first responders during an emergency.

Customer Signature: _____

For more information on these programs and our privacy practices, including our

Consumer Health Data Privacy Policy, please visit:

<https://www.pse.com/en/Customer-Service/life-support-and-medical-emergencies>

To return this form:

Email
CC-Medical@pse.com

Fax
425-424-6728
Attention: Life Support

Mail
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