

**REQUEST FOR PRIORITY LISTING**

Arrowhead Electric Cooperative, Inc. 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: \_\_\_\_\_

\_\_\_\_\_, MN 55\_\_\_\_\_

**Requesting Party** is a person who resides within a home receiving electric service from Arrowhead Electric Cooperative, Inc. 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)

Address of Physician: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_\_

What is your back up supply? \_\_\_\_\_

How long will back up supply last? \_\_\_\_\_

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**Requesting Member's** Contact Information (as shown on Arrowhead Electric's member records):

Name: \_\_\_\_\_ Home phone # \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

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**By signing below the Requesting Party and/or Requesting Member agrees to indemnify and hold harmless Arrowhead Electric Cooperative, Inc., 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 Arrowhead Electric's disconnection of electric service for non-payment.**

\_\_\_\_\_  
Requesting Party Signature

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date