



Jones-Onslow Electric Membership Corporation

A Touchstone Energy® Partner 

Date: _____

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Jones-Onslow Electric Membership Corporation maintains a list of consumers who are on life-support systems dependent on electricity. Whenever possible, we try to notify these consumers of outages, whether planned or unplanned, that would affect the function of these systems. Since you, or a member of your household, are on this list, we would appreciate your helping us update our records by furnishing us with the following information:

Are you or a member of your household presently on a life-support system? _____

Name and relationship: _____

Telephone number: (Home) _____ (Cell) _____ Meter # _____

Kind of **life-support** system: _____

Any other information which might be helpful in case of emergency: _____

Signature: _____

Please return this information within ten (10) days. **Physician Documentation Must Be Attached.**

Sincerely,
Jones Onslow Electric
1-800-682-1515

OFFICE USE:

A/C Name: _____ Sub: _____

Cir: _____

A/C#: _____ Phase: _____

CIN#: _____ Map#: _____