



Life Support Program
Registration Form

Customer Information

Date: _____ Name: _____

Service Address: _____

Account #: _____

Home Phone: _____ Cell Phone: _____

I, _____, consent to the release of the following information to Oshawa Power and Utilities Corporation Inc., for the purpose of enrolling my account in its Life Support Program. I hereby authorize my physician to provide the necessary enrollment information.

Signature: _____ Date: _____

Physician Information

Physician Name: _____ Phone: _____

Address: _____

Equipment Type: _____

Battery Backup? **YES** **NO** Battery Life: _____

I certify that this patient uses the above equipment and relies on an active electrical connection.

Physician Signature: _____ Date: _____



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Confirmation

I authorize Oshawa Power to release my information to relevant agencies in the case of an extended outage.

I accept the conditions of this program and confirm that the account and medical details provided are correct.

Signature: _____ Date: _____

Please submit completed forms to Oshawa Power via mail:

Life Support Program
Oshawa Power
100 Simcoe St. S
Oshawa, ON L1H 7M7

Or a scanned copy via email:

forms@opuc.on.ca