

**Prairie Energy Cooperative
Life Support List**

Name on Account: _____

Address (911): _____

Map Location Number: _____

With the medical condition alert Prairie Energy will make every effort to contact you in advance of planned outages and give your account priority during outage restoration. Please list reason for medical alert:

Backup Power Supply – include type and how long it will last: _____

To activate your request, the cooperative must receive written notification from your physician verifying your life support needs.

Complete and return this form and request your physician send the verification to:

Prairie Energy Cooperative
2099 Highway 3 West
P O Box 353
Clarion IA 50525

Ph: (515) 532-2805 or
(800) 728-0013

Fax: (515) 532-2056

If you have questions, please call our office.