Life Support Registry Information

It is always a priority to provide reliable service to our residents; however, there are unavoidable situations which cause power outages. Our commitment to providing emergency service is especially true regarding life-support system users. If you or a family member relies on any form of life support you should:

· Fill out the form below.
· Update this information at least every six months or whenever there is a change.
· Obtain backup equipment such as generators or batteries.
· Notify us immediately when an outage occurs and tell the dispatcher that you are a critical need member.
· Make sure you have a phone that does not rely on electricity.

Name: ____________________________________________________________
Address: ______________________________________________________________________________________________________
Phone Number: __________________________________________________________________________________________________
Email Address: __________________________________________________________________________________________________
Account Number(s): _____________________________________________________________________________________________
List Special Equipment: __________________________________________________________________________________________

Do you have a Standby Generator: _____ Yes _____ No
Do you have a Battery Backup System: _____ Yes _____ No
Battery Life: Number of Hours? _____________________________________________

Member Signature: _________________________________________________________

Please attach a physician’s directive or prescription detailing life support needs.
Please mail this form and Physician’s directive or Prescription to:

Town of North Smithfield
Life support Registry
P.O. Box 248
Slatersville, Rhode Island 02876

If you have any questions, please visit www.nsmithfieldri.org
call 1-401-767-2206 or e-mail nsema@cox.net.