



Sierra Electric Cooperative, Inc.

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REQUEST FOR PRIORITY LISTING

Sierra Electric Cooperative keeps on file a list of members who have identified themselves as having medical or special conditions which depend on a continuous supply of electric energy. Sierra Electric uses this list in order to communicate outage information to persons who have notified Sierra Electric of their medical or special conditions.

("Requesting Party")

Resides at:

Street City State Zip Phone #

Requesting Party is a person who resides within a home receiving electric service from Sierra Electric and has medical or other special conditions. This may include the use of an electrically powered life-support system (such as oxygen, breathing machine, heart monitor, dialysis machine, etc.) or medically necessary equipment (such as CPAP or BPAP machine, etc.)

Please indicate the type of medical equipment:

Please indicate if your home has a generator to power the equipment in case of an outage:

Please indicate if you have a special condition that is NOT medical in nature:

Requesting Member's Contact Information:

Name: _____ Phone # _____

Address: _____

By signing below, the Requesting Party and/or Requesting Member acknowledges that being placed on the Priority Listing does not guarantee uninterrupted delivery of power and agrees that it is their responsibility to provide alternatives for their own care and well-being. The Requesting Party and/or Requesting Member agrees to indemnify and hold harmless Sierra Electric, its officers, trustees, employees, members, agents and subsidiaries, from any and all damages, losses, claims, including claims and actions relating to injury 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.

Requesting Party Signature

Requesting Member Signature

Print Name

Print Name

Date

Date