



LIFE SUPPORT EQUIPMENT CERTIFICATION FORM

CUSTOMER INFORMATION - PLEASE COMPLETE ALL AREAS BELOW

Customer Name	User of Equipment (Patient)
Account Number	Date of Birth (Patient)

ADDRESS

Street	
City, State, Zip Code	

LIFE SUPPORT EQUIPMENT AFFIRMAITION

I confirm, the life-support equipment previously used at this premise is no longer required. Please update my account accordingly upon receipt of this affirmation.

Customer (Print Name)	Customer (Signature)
Date signed	

Please note, if you or someone in your home requires such electrically operated equipment in the future, contact PSEG Long Island for an enrollment and physicians form.

Form should be returned to PSEG Long Island by either email, fax or mail:

Email: medicalnotes@pseg.com	PSEG Long Island Attn: Customer Safeguard Solutions 15 Park Drive Melville, NY 11747
Fax: 631-844-3635	