

NOTIFICATION OF INSTALLATION / REMOVAL OF LIFE SUPPORT EQUIPMENT
SOUTH AUSTRALIA

By completing this form you accept that your electricity retailer and ETSA Utilities will share the relevant information about you and your supply address for the purposes of updating their records and registers. You also agree to inform your electricity retailer and ETSA Utilities if the person for whom the Life Support Equipment is required vacates the supply address or no longer requires the Life Support Equipment. You also acknowledge that registering as a life support address does not guarantee supply and in particular your supply will still be subject to outages due to storms, accidents or other circumstances beyond ETSA's and your retailer's control.

Registration is available to the following life support equipment types (as specified in Section 11.1 of the SA Retail Code and Section 1.11.1.3 of the SA Distribution Code). Please indicate which type is in use at your address by ticking the appropriate box.

- An oxygen concentrator; or
- An intermittent peritoneal dialysis machine;
- or A haemodialysis machine; or
- A Ventilator for life support (polio only).

If the equipment is not one of the types specified it is recommended that you contact ETSA Utilities on 131261 in order to obtain a copy of the 'Electricity and Your Life Support System' information sheet.

Mr / Mrs / Ms /Miss		Account Holder Surname		Account Holder Given Name(s)	
Residential (supply) Address		Street / Lot Number	Street Name		Suburb/Town
Postal Address		Street / Lot / PO Box	Street Name		Suburb/Town
Phone		Home	Work	Mobile	
NMI	(National Metering Identifier (from bill) 2 0 0 _ _ _ _ _ / _	Electricity Retailer	Account ID		
Customer Signature		I accept the conditions above and certify that the details provided are correct			Date

Medical Practitioner / Hospital Certification

I (doctor/medical practitioner)hereby certify a person residing at the above supply address requires the Life Support Equipment as indicated above.

Signature and Stamp of Medical Practitioner...

Date:/.../....

REMOVAL OF LIFE SUPPORT EQUIPMENT

Please complete this section and the Name, Address & NMI sections above.

Note: A new notification form must be completed each time you register Life Support Equipment at a new supply address

I (full name)hereby certify that there is no longer a life support equipment requirement for the address above.

Reason

Signed Date/.../....