

STEP 1 of 2

If you or a loved one use life-support equipment, we need to know in case of an emergency or power outage. Don't forget to include people in our service area who do not receive a bill from us because electric service is included in their rent.

Fill out this form and either email or mail it to us. Please print or type clearly.

<p>Email lifesupportequipment@coned.com</p>	<p>Mailing Address Con Edison 30 Flatbush Avenue, Room 515 Brooklyn, NY 11217</p>
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Personal Information

Name of the person using life-support equipment:

Address:

City: _____ State: _____ Zip Code: _____

Telephone Number: () -

Cell Phone Number: () -

Con Edison Account Number (if applicable):
 You can find your account number in My Account or on your bill.

Medical Equipment Information Please check all life-support equipment in your household.

Tank-type respirator (iron lung)

Cuirasses-type (chest) respirators

Rocking bed respirators

Electrically operated respirators (used 12+ hours per day)

Apnea monitors (infant monitor)

Dialysis equipment (kidney machine)

Other

We'll send you a confirmation letter within seven days of receipt of your information.

Questions? Call us at 1-877-582-6633.

STEP 2 of 2

To complete your registration, all medical equipment must be certified as life-support by a **medical doctor, nurse practitioner, physician’s assistant, or local board of health official.**

The certifying party needs to include the following information on their stationery:

- Name, office address, and phone number.
- State registration number. (Applicable to doctors only.)
- Name, address, and medical condition of the person using life-support equipment
- A signed affirmation that the condition would be aggravated by the absence of utility service.

Please mail us your equipment certification **within 30 days** of submitting the first page of this form.

Mailing Address

Con Edison
30 Flatbush Avenue, Room 515
Brooklyn, NY 11217

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