

Medical Awareness Certification form

Is someone living in your home with a medical condition that requires electrical assistance? If so, you must notify Holmes-Wayne by completing the form below to be added to or remain on our Medical Awareness list.

Holmes-Wayne Electric makes every effort to keep power flowing to all our members. Because of factors beyond our control, it always is our recommendation that you create a backup plan in case of a power outage. This may be as simple as having a small generator or another location to relocate to if such a case would occur.

All members who maintain up-to-date contact information are notified for planned outages for maintenance and repair.

For uncontrollable outages such as weather conditions or car accidents, power is restored through a safe and efficient remediation process. Members on the medical list are given first consideration when individual line and/or meters are being restored.

The Medical Awareness Certification form must be completed on an annual basis.



Holmes-Wayne Electric Cooperative, Inc. — Medical Awareness Certification

If you or someone in your home is dependent on medical equipment operated by electricity, please provide the following information.

Name _____ Account number _____

Address _____ Phone number _____

_____ Cellphone _____

We request that the attending physician please complete and certify the following information.

Equipment in use _____

Physician's signature _____ Date _____

Return completed form in your next bill or to: Holmes-Wayne Electric Cooperative Inc.
Attn: Medical Awareness List
P.O. Box 112; Millersburg, OH 44654
Fax: 330-674-1869
Email: newmember@hwecoop.com