

Critical Care Customer Registration Form

CS-545 Rev07/2020

Cleco Customer Name _____

Name of Critical Care Customer (if different from above) _____

Physical/911 Address _____

Phone Number _____ 13-Digit Cleco Account Number _____

In case we are unable to contact you, we ask that you provide us with the name, address and phone number of a third party individual who would know where to get in touch with you.

Third Party _____ Phone Number _____

Address _____

I understand Cleco cannot guarantee uninterrupted electric service and that service interruptions can and do occur on a number of occasions due to various factors. I understand that if the nature of my illness is such that electric outages would be life threatening, I should obtain a standby generator and related protective equipment, or I should otherwise take whatever measures needed.

I agree to inform Cleco if and when conditions change in my household which cease to qualify me as a Critical Care Customer.

YES

Customer Signature _____
Date

Physician Verification

I hereby declare that the above person has a medical condition which would become life threatening if electrical service were interrupted for a significant length of time.

Signature

Physician Name _____
Phone Number _____
Date

NO

I no longer have a permanent member of my household who required critical care customer status. (Check box and return in enclosed envelope if you no longer require special status.)

Customer Signature _____
Date

Return form by email or postal mail to:

customersystems@cleco.com

2030 Donahue Ferry Rd., Pineville, La. 71360, Attn: Customer Systems