



People's Energy Cooperative

Your Touchstone Energy® Cooperative 

Dear Member,

You have requested to be put on our Medical Alert Priority List. Before we can put you on this list, we need written authorization from your doctor stating that it would be life threatening for you to be without power. Once we have received this written authorization your name will be placed on our Medical Alert Priority List.

What does it mean to be on our Medical Alert Priority List? First, it does not guarantee that you will always have power. If power is interrupted, it does not guarantee that power will be restored in some certain time frame. It simply means that when a power outage occurs, members that are on our Medical Alert Priority List are given priority over members that are not on the list.

Your power can still be disconnected due to nonpayment if the account should reach a delinquent state. If this situation should arise, you will need to contact the office during business hours to set up a mutually acceptable payment arrangement before the disconnect date on the notice. Failure to keep the scheduled arrangements could result in disconnection without further notice.

Although we make every effort to restore interrupted power as fast as we can safely work, no one can predict how long an outage will last. Historically, there have been major storms where power restoration times have run into days...not hours. During any power interruption, People's Energy Cooperative is NOT responsible to provide a means to supply electric power for your medical equipment. If your medical condition requires that you be on this list, we urge you to consider some type of backup power for your medical equipment.

We trust that this information helps you understand more about our Medical Alert Priority List. If you should have any questions concerning this list, please contact our Member Service Department. Our telephone number is 507-367-7000 or 1-800-214-2694 and our normal business hours are from 7:30 AM until 4:00 PM, Monday through Friday.

People's Energy Cooperative



People's Energy Cooperative

Your Touchstone Energy® Cooperative 

Alert Priority List

Date _____

(Note: This form is to be completed by the member's physician.)

Member Name: _____

Address: _____

Phone: _____

Email: _____

Please place _____ and/or family on your Medical Alert Priority List for restoration of service if a power failure should occur.

This patient is currently under my care for a life threatening condition. They are using the following life monitoring and/or support equipment:

The equipment in use is electrically powered and may or may not have battery support.

Duration of Need: (Please choose one.)

Permanent (Until further notice.)

Temporary (Until _____ Month/Day/Year)

Your cooperation in helping this patient and family maintain electrical service will be greatly appreciated.

Sincerely,

Physician's Signature _____

Physician's Printed Name _____

Physician's Business Address _____

Physician's Telephone Number _____