

# NOTICE OF LIFE-SUSTAINING EQUIPMENT

*For Priority Restoration Purposes Only*

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (home/cell/work) circle one



Tel: 978-948-3992

Mail: PO Box 355,  
Office: 47 Summer St.  
Rowley, MA 01969

[www.rowleylight.com](http://www.rowleylight.com)

Office Hours:  
Weekdays 8 AM – 4:30 PM

The following life-sustaining equipment is in my home:

- |  |  |
|--|--|
| <input type="radio"/> Tank-type respirator (iron lung)                                   | <input type="radio"/> Heart rate monitor   |
| <input type="radio"/> Curraisse-type respirator (chest)                                  | <input type="radio"/> PD apnea monitor     |
| <input type="radio"/> Rocking Bed  | <input type="radio"/> Diaphragm stimulator |
| <input type="radio"/> Electrically operated respirator                                   | <input type="radio"/> Oxygen concentrator  |
| <input type="radio"/> Suction machine (pump)   | <input type="radio"/> Medical pump         |
| <input type="radio"/> Hemodialysis equipment (kidney machine)                            | <input type="radio"/> Press respirator     |
| <input type="radio"/> Intermittent positive pressure respirator                          | <input type="radio"/> CPM drum ventilator  |
| <input type="radio"/> Special air conditioner <i>(Please explain why you need this.)</i> |  |

\_\_\_\_\_

- Other types of life-sustaining equipment or medical condition *(Please be specific.)*

\_\_\_\_\_

I, the undersigned, do hereby certify that the information provided above is complete and true to the best of my knowledge. I understand RMLP is using this information for notice of being a priority restoration and for no other reason.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If you would like to authorize someone that we may discuss your account with other than yourself, please provide that party's information below. This designated person is not responsible for paying my electric bill.*

3<sup>rd</sup> Party Name: \_\_\_\_\_

3<sup>rd</sup> Party Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

3<sup>rd</sup> Party Phone #: \_\_\_\_\_ (home/cell/work) circle one

**Please return this form to our office location at 47 Summer Street.**



## Financial Hardship Rights and Filing Requirements

Rowley Municipal Lighting Plant (RMLP) will not terminate electric service to customers who satisfy us that a financial hardship **AND** one or more of the following conditions exist:

1. A resident of your household has a **SERIOUS ILLNESS**; or
2. An **INFANT** under twelve (12) months of age lives with you and service has not been terminated before the birth of the child; or
3. Electric service is necessary to operate your **HEATING SYSTEM** and service has not been terminated before November 15 (protection valid only between November 15 and March 15); or
4. All residents of your household are **65 YEARS OR OLDER**.

**Rights to Electric Service for Residential Customers during Financial Hardship** If you cannot pay your electric bill because of a financial hardship and there is a serious illness, or there is an infant under the age of 12 months, or if it is between November 15 and March 15 and you heat your home with electric heat, we will not shut off your electric service. To protect yourself, call us immediately and we will send you a financial hardship statement, which you must complete and return. In addition, you must provide the necessary documentation outlined below within seven (7) days.

**Serious Illness and Financial Hardship** Initially, your doctor or board of health must call us to let us know of the serious medical condition. Within seven (7) days of the telephone call, you must return the Financial Hardship Statement and written certification of the serious illness. Said certification from your doctor or board of health shall state the name and address of the seriously ill person, the nature of the illness, and the business address and telephone number of the certifying physician or local board of health. The statement must be renewed monthly, or quarterly if the illness is certified to be chronic.

**Winter Protection and Financial Hardship** If you heat your home with electricity and cannot pay your overdue electric bill between November 15 and March 15 because of financial hardship, we will not shut off your electricity. Contact us by phone immediately and we will have you complete a Financial Hardship Statement.

**Infant Under the Age of 12 Months and Financial Hardship** To qualify, please contact us by phone immediately. Within seven days of the call, you must return the Financial Hardship Statement and send us the name, address, and birth date of the child and one of the following:

- Birth certificate.
- Official records or letter from a registered physician, local board of health, hospital, or government official.
- Letter from the Department of Transitional Assistance.
- Letter from a clergyman or religious institution.

**Notice to Elderly Customers** If all residents in your household are 65 or older, we will not shut off your electricity without the permission of the Massachusetts Department of Public Utilities (DPU). Please call RMLP immediately if all residents in your home are 65 years of age or older. If you cannot pay your bill at once, you can work out a payment plan with us. If you have any questions, or want further information, call us at (978) 948-3992. You must provide RMLP with a signed statement indicating the names and dates of birth of each member of your household. In addition, you may appoint a third person to represent you concerning your account with RMLP. We will, upon written request by you, send to this third party all bills, past due notices of termination of service and notice of your right to appeal. The third party will be in no way responsible for payment of your bill.

**Payment Plans** If you are having difficulty paying your electric bill, a Payment Plan may be arranged. Under this plan a past due balance may be paid in equal installments over a specified period. Current charges will be due in addition to the payments on the past due balance. The length of time that a payment plan extends will vary from a minimum of four (4) months depending on the past due balance and your ability to pay. We also offer Budget Billing, which averages your annual electric costs and spreads them over a 12-month period. Please call RMLP at (978) 948-3992 or visit [www.rowleylight.com](http://www.rowleylight.com) to find out more about this and other payment plans.

**Right to Dispute your Electric Bill** If you believe your electric bill is inaccurate or you wish to dispute all or part of your bill, or if you have a service quality problem or dispute, call us at (978) 948-3992 or write us at PO Box 355, Rowley, MA 01969. We will investigate the dispute and tell you what we find. If, after our investigation, you still think the bill is not correct or the service quality problem has not been addressed, you have a right to appeal by contacting the Massachusetts Department of Public Utilities (DPU) Consumer Complaints Division (at the information provided below) or by visiting the DPU's web site at [www.mass.gov/dpu](http://www.mass.gov/dpu). DPU regulations provide that a company may not terminate electric service for failure to pay any portion of a bill when a customer complaint or appeal is pending.

RMLP inquiries: Rowley Municipal Lighting Plant  
PO Box 355, Rowley, MA 01969

Phone: (978) 948-3992  
Office: 47 Summer St., Rowley, MA 01969

Website: [www.rowleylight.com](http://www.rowleylight.com)

DPU: MA Dept. of Public Utilities – Consumer Division  
1 South Station, Suite 2, Boston, MA 02110

Phone: (617) 737-2836 or toll free (877) 886-5066  
Fax: (617) 305-3742

Website: [www.mass.gov/dpu](http://www.mass.gov/dpu)