



A Touchstone Energy® Cooperative 

Dear Cooperative Member,

We have received your request to be placed on our in-house critical care list. For our records, please complete and return the enclosed form as soon as possible.

Please note that in the event of an outage, *call us as soon as possible*. When reporting an outage, please tell the receptionist the name that the electric account is under, any available details concerning the outage, and that you or a household member are on CCEC's critical care list. ***To report outages during both office and after hours, please call (325)625-2128 or toll free at (800)560-2128.*** We are eager to take your information and assist in restoring your electricity as quickly as possible.

It is also important to remember that *you are responsible for providing backup battery support of your special equipment until our linemen can restore your electricity*. Filling out the included form will only add you to CCEC's critical care list, a list that provides additional information to our personnel regarding the needs of our critical care co-op members.

Sincerely,

Kathreyn Portis  
Coleman County Electric Cooperative  
P.O. Box 860  
Coleman TX 76834  
(325) 625-2128 | Toll free: (800)560-2128  
Fax: (325)625-4600 | [kathreyn@colemanelectric.org](mailto:kathreyn@colemanelectric.org)

**OFFICE USE ONLY**

Account number: \_\_\_\_\_ Area: \_\_\_\_\_ Map location: \_\_\_\_\_  
Substation: \_\_\_\_\_ Line section: \_\_\_\_\_ Additional info: \_\_\_\_\_

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

Name of person using life support equipment: \_\_\_\_\_

Name on the electric account: \_\_\_\_\_

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

Phone number(s): \_\_\_\_\_

Name of physician: \_\_\_\_\_

Special equipment requiring electric service to operate: \_\_\_\_\_

Standby generator: Yes \_\_\_\_\_ No \_\_\_\_\_

Battery backup: Yes \_\_\_\_\_ No \_\_\_\_\_

Battery life: Hours \_\_\_\_\_ Minutes \_\_\_\_\_

**Oxygen:**

Bottle size: Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_

Usable time when full: Hours \_\_\_\_\_ Minutes \_\_\_\_\_

**Other information that may be helpful:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return to:** Coleman County Electric Cooperative  
% Kathreyn Portis  
PO Box 860  
Coleman TX 76834

**Fax:** (325)625-4600  
**Email:** [kathreyn@colemanelectric.org](mailto:kathreyn@colemanelectric.org)