



**Broad River Electric Cooperative, Inc.
Special Needs Account Member Annual Certification**

Member Name _____

Member Address _____

Member Telephone Number _____

Member Account Number _____

I hereby certify that termination of residential electric service to the above-referenced member of Broad River Electric Cooperative, Inc., would be dangerous to the health of the member or a person residing in the member's household at the premises to which electric service is rendered.

I understand that this certification is good for one (1) year from the date of my signature below.

Licensed Health Care Provider's Name (Please Print) _____

Licensed Health Care Provider's Address _____

Licensed Health Care Provider's Telephone Number _____

Licensed Health Care Provider's Signature _____

Today's Date _____

As a Member of Broad River Electric Cooperative, Inc., I understand that this Certificate does not provide me with uninterrupted power. This helps Broad River Electric Co-op assess my needs concerning my electrical service. If I fall behind on my payments and cannot make satisfactory payment arrangements with the Cooperative, I understand that my electric service may be disconnected. I furthermore understand that this certificate will stay in effect for a period of one year from the date above.

Member Signature _____ **Date** _____

FOR OFFICE USE ONLY

<u>Location</u>	<u>Cycle</u>	<u>Account No.</u>