



Health Registry Application

Having your name on our registry, helps us take extra pre-cautions with interruption of power. If there are outages scheduled by Alectra Utilities, we will try to inform you prior to the outage. This will allow you to make alternate arrangements. Also, being registered will put you on a priority basis. Priority will be based on necessity.

Please be aware that we cannot guarantee an uninterrupted supply of electricity. Customers on electric-powered life support systems are advised to make arrangements to prepare for unpredictable power outages.

A Physician must sign the completed application for you to be added to the Health Registry. A medical letter cannot be accepted without a completed application.

Patient Name: _____

Telephone #: _____ Cell phone #: _____

Address where patient resides: _____

Alternate Contact #: _____

Alternate Contact telephone #: _____

Type of Medical Life Support Equipment: _____

Physician Name: _____

Physician Address: _____

Physician Telephone #: _____

Physician Signature: _____

Date Completed: _____
DD - MM - YYYY

Please return the completed form to Alectra Utilities by fax or mail to:

Fax: 905-566-2731

Mail: 2185 Derry Road West, Mississauga, ON L5N 7A6