

STEP 1 of 2		
		in case of an emergency or power outage. ve a bill from us because electric service is
Fill out this form and email, mail, o	r fax it to us. Please print or type	e clearly.
Email LifeSupportEquipment@conEd.com	Mailing Address Con Edison 30 Flatbush Avenue, Room 515 Brooklyn, NY 11217	Fax 1-718-246-3115
Personal Information		
Name of the person using life-support equipment:		
Address:		
City	State	Zip Code
Telephone Number		
Cell Phone Number		
Con Edison Account Number (if applicable): You can find your account number in My Account or on your bill.		
Medical Equipment Information. Please check all life-support equipment in your household.		
Tank-type respirator (iron lung) Cuirasses-type (chest) respirator Rocking bed respirators Electrically operated respirators Apnea monitors (infant monitor Dialysis equipment (kidney mach	(used 12+ hours per day)	
We'll send you a confirmation letter within seven days of receipt of your information. Questions? Call us at 1-877-582-6633.		

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To complete your registration, all medical equipment must be certified as life-support by a **medical doctor**, **nurse practitioner**, **physician's assistant**, or **local board of health official**.

The certifying party needs to include the following information on their stationery:

- Name, office address, and phone number.
- State registration number. (Applicable to doctors only.)
- Name, address, and medical condition of the person using life-support equipment
- A signed affirmation that the condition would be aggravated by the absence of utility service.

Please email, mail, or fax us your equipment certification within 30 days of submitting the first page of this form.

Email

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