



**APPLICATION FOR SPECIAL INTEREST ACCOUNT LISTING**  
*SECO Energy's policy for members whose electric service qualifies as medically necessary is derived from Florida Statute 366.15*

**MEMBER INFORMATION**

Name: \_\_\_\_\_ SECO Acct No.: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_ Phone Number: \_\_\_\_\_

As a member of SECO Energy, I certify that I have, or someone in my household has, a medical need for electricity. I understand the Cooperative makes every effort to maintain reliable electric service yet cannot guarantee continuity of service or make any promises as to the length of time for any particular outage. Therefore, it is my responsibility to have an alternate source of power or be able to transport or relocate to a facility where power is available during a prolonged outage or emergency situation. I further understand that this special interest account listing does not exempt me from termination of electric service in the event my account becomes delinquent.

**Signature of Member:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***This form must be filled out completely to be considered for the Special Interest listing.  
 A new application and re-certification are required annually.***

**MEDICAL INFORMATION**

Name of Patient: \_\_\_\_\_  
 Name of Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Physician's Address: \_\_\_\_\_

**Type of Electric Powered Medical Equipment:** \_\_\_\_\_  
 \_\_\_\_\_

This is to certify that the electric service is medically necessary for the above listed patient and that the type of medical equipemnt listed herein is "medically essential". (\*\*See Note below.) Therefore, I recommend the patient be included on the Special Interest listing for the term of one year.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (No stamps or substitutes - Physician must be licensed in the State of Florida)

(\*\*The term "medically essential" means the medical dependence on electric-powered medical equipment that must be operated continuously or, as circumstances require, to avoid the loss of life or immediate hospitalization of the member or another permanent resident at the residential address noted above.)

**FOR SECO OFFICE USE ONLY:**

Computer Key Codes/SI Notes by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Seal Installation Service Order Number: \_\_\_\_\_ Date: \_\_\_\_\_  
 Removal in system by: \_\_\_\_\_