



**NOTICE OF USE OF LIFE SUPPORT EQUIPMENT
- VENTILATOR
- VENTILON NEBULISER**

Full Name of User of Machine

(Mr, Mrs, Miss, Ms).....

Associated Hospital/Doctor.....

Commencement Date for use of the machine/...../.....

Location of Life-support system

User's address:.....

Telephone No:.....

Customer in whose name the account is issued:.....

If available Account number from Aurora Energy statement

Customer Declaration

I.....(full name of customer) declare that the above life-support system is supplied with electricity from my premises.

Signature of customer.....

Date .../.../....

As per the Electricity Supply Industry (Tariff customers) Regulations 1998 provide for penalties for giving of false notices or false information.

Confirmation of Use of the Ventilator / Ventolin Nebuliser (Doctor/Hospital to complete)

Hospital Officer/Doctor

Title or Position.....

Telephone No.....

Date.....

I certify (_____) uses a Ventilator / Ventolin Nebuliser for life support.

Signature.....

Mailing address for this Notice:

Revenue Services Manager
Aurora Energy Pty Ltd
GPO Box 191
HOBART TAS 7001