



APPLICATION FOR CONCESSION ON ELECTRICITY ACCOUNTS FOR USERS OF LIFE-SUPPORT SYSTEMS.

Full Name of User

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

Associated Doctor/Hospital.....

Types of Life-support System (Tick whichever is applicable)

- Oxygen concentrator
- Peritoneal-dialysis machine
- Haemo-dialysis machine
- Chronic positive pressure and airways regulator
- Respirator (iron lung)

Date of issue of system...../...../.....

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 .../.../....

Mailing address for this Application:

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

Confirmation of Eligibility for Concession (Doctor or Hospital to complete)

Doctor/Hospital Officer

Title or Position.....

Telephone No.....Date.....

Is life-support system currently in use at the above address Y/N

Signature