S.A.F.E. Application

First Name:	**Last Name:**	**Birth date:**
Physical Street Address:	**Zip Code:**	**Mailing Address** **(if different than physical address):**
Applicant's Contact Phone #:	**Secondary Contact Phone #:**	**Email Address:**
Person(s) to notify in an emergency:	**Emergency Contact Phone #:**	**Pacific Power** (yes or no)**:** **Surprise Valley Electric** (yes or no):
Primary Physician Name:	**Physician Contact #:**	**Oxygen Service Company:** **(if applicable)**

Please write any additional important information you would like us to know in the event we have to contact you during an emergency situation.

**** If you would like to include a list of your medication, feel free to do so in this box or on an attached separate piece of paper.****

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