

Registering your address **does not** guarantee supply which will still be subject to outages due to storms, accidents or other circumstances beyond EVOENERGY and Energy Locals' control.

You can register the following equipment types (as specified in the National Energy Retail Rules). Please tick the appropriate box.

- Oxygen concentrator
- Chronic positive airways pressure respirator
- Intermittent peritoneal dialysis machine
- Other (please specify)
- Kidney dialysis machine
- Crigler Najjar Syndrome phototherapy equipment

### Registration Details

- Mr
- Mrs
- Ms
- Miss

First Name:	Surname:
Residential Address:	
Postal Address (if different to the above):	
Mobile Phone:	Email Address:
National Meter Identifier (NMI) number from power bill:	

I certify that the details provided are correct and understand that Energy Locals and EVOENERGY will share the information provided to update their records and registers. I will inform both parties if the person the equipment is required for vacates the property or longer requires the equipment by calling **1300 693 637**.

Customer signature ..... Date .....

### Medical Practitioner Certification

I ..... (Medical Practitioner) hereby certify a person residing at the above address requires the equipment indicated above.

Signature/stamp of Medical Practitioner .....

Return the completed form to:  
[hello@energylocals.com.au](mailto:hello@energylocals.com.au)  
or Energy Locals  
Level 1, 165 Cremorne Street, Richmond, VIC 3121.