# EWEB's new Public Safety Power Shutoff (PSPS) Enhanced Support Program

Do you or a loved one rely on electricity to keep medications cold or to use life-sustaining medical equipment or mobility devices? If so, it's important to have an emergency plan in place for a planned or unexpected power outage.

We know that no one likes to lose power, and power outages during the heat of summer and wildfire season can create a different set of challenges for residents. This is especially true for customers who rely on electricity for medications, medical equipment, and mobility devices. That's why we're offering enhanced support for customers who may need additional assistance during a summer outage, such as a Public Safety Power Shutoff or PSPS.

A PSPS is an operational practice EWEB may use to preemptively shut off power to reduce wildfire risks during extreme and potentially dangerous weather conditions.

## Sign up for the PSPS Enhanced Support Program so we can support you with:

- Direct phone call notification 24-48 hours ahead of a Public Safety Power Shutoff (PSPS).
- Coordination and information sharing with helping agencies and emergency services for critical unmet needs.

#### Who's eligible for this program?

- Customers who reside within EWEB's High Risk Fire Zones in south Eugene and the McKenzie Valley (or a caregiver or guardian of someone who resides within the high-risk territory).
- Customers with medical equipment or a medical need for electricity (such as a fridge for insulin).
- Customers who have significant health risks and mobility constraints.

#### The PSPS Enhanced Support Program does not:

• Mean your power is restored first in an outage, so it's important to have a power outage plan in place.

## Ways to sign-up:

- 1. Return the enclosed paper form using the return address envelope provided.
- 2. Go to www.eweb.org/psps and fill out the online sign-up form.

If you have any questions, you can contact us at 541-685-7451.





# PSPS Enhanced Support Program Sign-up form

Customer/Account Holder Name:		
Guardian or Caregiver name (if applicable):		
Primary Phone Number:		
Secondary Phone Number:		
Email Address:		
Service Address:	City	Zip Code:
Preferred Language:	Other Language:	
Emergency Contact Phone Number:		
Emergency Contact Email Address:	<del>_</del>	
Do you, or someone in your household have com understand phone notifications, such as hearing in the property of the property	impairments? Yes	e it difficult to receive or
We are in the process of developing this program assistance would be most useful for you (check a Direct notification about a Public Safety Pow. Support in building a power outage safety pla Assistance in obtaining supplies to create a h Safety and wellness checks during a PSPS if y Assistance with finding or getting transportation.	Il that apply): eer Shutoff an nousehold emergency supply kit ou choose to remain at home tion to a safe place during a PSPS (hotel	
By initialing below, you acknowledge that the info agencies or emergency services as needed to pro		ared with external
Yes Lunderstand		

