

Energy Emergencies and Security Program

Energy Emergency Contact Form							
Utility/Company Name:					Date:		
Street Address:					Check: ☐ Electricity ☐ Natural Gas		
Mailing Address: (If different)				Genera	Phone N	Numbers	
Manager: Name:				Genera EOC	al Fax		
PIO: Name:	Phone:	Email: _			ır dispatch		
Provide contact information for those we should contact, in order of priority. Please check the Listserv box for those wanting notification emails.							
Name	Title	Work Phone	Cell. Phone	Eve. Phone	E-m	ıail	Listserv
1							
2							
3							
4							
5							