ADDENDUM 7

Medical Certification Form

_______________ (DATE RECEIVED)

DOCTOR'S OFFICE _________________________

OFFICE ADDRESS____________________________

OFFICE PHONE_____________________________

1st Certification___

Owner Notified____

Customer Name___________________________

Customer Address_________________________

Customer Acct# ___________________________

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Dear Doctor

The medical condition of your patient should be of such a nature that it may be especially dangerous to health if water service is terminated or not restored. The patient must be a permanent resident at the address where service is being provided.

Our records indicate that______________________________, is a permanent resident at the above address, and is undergoing treatment for_____________________________________. Due to this condition, the discontinuance of water service, or failure to restore service, at the above address would be especially dangerous to his/her health or make the operation of necessary medical or life-supporting equipment impossible or impractical. Please honor this request through____________________.
(30 Days or less)

____ (Physician's Signature)

____________ (Date)

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IMPORTANT NOTICE TO CUSTOMER

This medical certification shall allow a consumer thirty (30) days in which to pay or provide an acceptable payment of all past due bills. Certification requires a licensed physician or local board of health physician. The Water Office is required to verify this form through the physician's office.