

**CERTIFICATION OF SERIOUS ILLNESS OR LIFE SUPPORT AND/OR PERMISSION
FOR UTILITY TO RELEASE CONTACT INFORMATION IN A
WEATHER-RELATED EMERGENCY**

This is to certify that _____ is a resident at:

Street Address _____

City, State, Zip _____

Telephone Number _____

Relationship to Customer _____

Utility Account Number _____

Note: This form consists of two sections which provide different notices/approvals. You may complete and submit either or both sections as applicable, to your utility company.

SECTION ONE: Certification of Serious Illness or Life Support.

THIS SECTION IS TO BE COMPLETED BY A LICENSED PHYSICIAN, CERTIFIED NURSE PRACTITIONER OR PHYSICIAN ASSISTANT ONLY.

**I hereby certify that termination of electric and/or gas service will either
(check applicable box or boxes):**

Aggravate an existing serious illness¹

OR

Prevent the use of life support equipment by the person named above²

**Physician, Certified Nurse Practitioner's
or Physician Assistant's Name**

(Please Print)

License No. _____

Address: _____

Office Phone No. _____

Fax No. _____

E-mail Address _____

**Physician, Certified Nurse Practitioner's
or Physician Assistant's signature:** _____

PLEASE NOTE:

Within 30 days of submitting this certificate, you must enter into an agreement with your utility for the payment of unpaid and current bills to continue service.

¹"Serious illness" means an illness certifiable by a licensed physician to be such that termination of service during the period of time covered by the certificate would be especially dangerous to the health of the person certified to be seriously ill.

²"Life-support equipment" means any electric or gas energy-using device certified by a licensed physician as being essential to prevent, or to provide relief from, a serious illness or to sustain the life of the customer or an occupant of the premises.

