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 OR CERTIFIED NURSE PRACTITIONER ONLY.

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

☐ **Aggravate an existing serious illness[1]**
or
☐ **Prevent the use of life support equipment by the person named above[2]**

Physician or Certified Nurse Practitioner's Name _____
(Please print)

Title: _____
License No. _____
Address: _____
Office Number_____**Fax Number:** _____
E-mail Address _____

Physician or Certified Nurse Practitioner'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.

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[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.

SECTION TWO: **Permission for utility company to release contact information in a weather-related emergency.**

THIS SECTION TO BE COMPLETED IF YOU WANT TO GRANT YOUR UTILITY COMPANY PERMISSION TO RELEASE CONTACT INFORMATION FOR YOU IN THE EVENT OF A WEATHER-RELATED EMERGENCY[3]

I, _____, grant my utility company _____
Print Name Name of Company

my permission to provide any local, state, or federal government emergency responder agency the following contact information, in order that the agency may provide assistance to me in the event of a weather-related emergency;

Street Address: _____

City, State, Zip: _____

Telephone Number: _____

Utility Account Number: _____

Printed Name: _____

Customer's Signature: _____

[3]This section, if signed, will allow your utility company to release your contact information to any local, state, or federal government emergency responder agencies. Release of this information is solely for the purpose of verifying your well-being and providing assistance to you in the event of a weather-related emergency, as possible. Submitting this form will not provide you with priority in restoration of electricity service.