



BOROUGH OF ELLWOOD CITY

525 LAWRENCE AVENUE
ELLWOOD CITY, PENNSYLVANIA 16117

PHONE (724) 758-5576

FAX (724) 758-2716

MEDICAL CERTIFICATION NOTICE

Date Notice Mailed _____

Name of Ratepayer _____ Company Name _____

Service Address _____ Address _____

Telephone No. _____

Account No. _____ Telephone _____

ELECTRIC SERVICE MAY BE TERMINATED AT THE ABOVE ADDRESS WITHIN SEVEN (7) DAYS OF THE ABOVE MAILING DATE, UNLESS THIS NOTICE IS COMPLETED AND SIGNED BY A PHYSICIAN AND RETURNED TO THE BOROUGH OF ELLWOOD CITY.

TO THE PHYSICIAN:

I CERTIFY THAT THE FOLLOWING PERSON IS SERIOUSLY ILL OR IS AFFLICTED WITH A MEDICAL CONDITION WHICH WILL BE AGGRAVATED BY THE ABSENCE OF ELECTRIC SERVICE.

NAME OF AFFLICTED INDIVIDUAL _____

RELATIONSHIP TO RATEPAYER _____

NATURE OF ILLNESS _____

ANTICIPATED DURATION OF ILLNESS _____

REASON WHY ELECTRIC SERVICE IS REQUIRED _____

Physician's Signature _____

Office Address _____

Office Phone _____

IMPORTANT: THIS MEDICAL CERTIFICATION SHALL NOT EXCEED THIRTY (30) DAYS UNLESS CIRCUMSTANCES WARRANT ITS RENEWAL BY A PHYSICIAN.

THE RATEPAYER STILL HAS THE RESPONSIBILITY TO MAKE A REASONABLE PAYMENT ARRANGEMENT ON BILLS OWED TO THE UTILITY.