

CERTIFICATE OF MEDICAL EMERGENCY

Customer Name : _____

Account #: _____

Service Address: _____

City, State, Zip _____

Person in household with medical condition _____

Relationship to Customer Name listed above _____

Statement of licensed Physician

By my signature, given below, I certify that my records indicate that _____, who is currently under my care, resides at the above referenced household. I further certify that the discontinuance of _____ utility service to this household would create a medical emergency and possible death.

Physician Signature: _____

Print Name : _____

Medical Condition: _____

Date: _____

Phone Number () _____

NOTE:

This statement does not in any way remove the obligation to pay for services received or to be received from Winchester Utilities.

Winchester Utilities Office:

Date received: _____ Initials: _____

