



# Borough of Ellwood City

525 Lawrence Avenue

Ellwood City, PA 16117

Phone (724) 758-5576 or 724-824-7624

Fax (724) 758-2716

## MEDICAL CERTIFICATION NOTICE

NAME OF RATEPAYER: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

**\*\*ELECTRIC SERVICE MAY BE TERMINATED AT THE ABOVE ADDRESS WITHIN SEVEN (7) DAYS OF THE 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 ABSENCE OF ELECTRIC SERVICE.

NAME OF AFFLICTED PERSON: \_\_\_\_\_

RELATIONSHIP TO RATEPAYER: \_\_\_\_\_

NATURE OF ILLNESS: \_\_\_\_\_

ANTICIPATED DURATION OF ILLNESS: \_\_\_\_\_

REASON WHY ELECTRICAL SERVICE IS REQUIRED: \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_

**IMPORTANT: THIS MEDICAL CERTIFICATION SHALL NOT EXCEED 30 DAYS UNLESS SPECIFIED. THE RATEPAYER STILL HAS THE RESPONSIBILITY TO MAKE A REASONABLE PAYMENT ARRANGEMENT ON BILLS OWED.**