

PHYSICIAN'S CERTIFICATE

MEDICAL EMERGENCY CERTIFICATE

Date: _____

CERTIFYING PHYSICIAN (Please complete by typing or printing requested information)

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

1. NAME AND ADDRESS OF CUSTOMER:

Name

Service Address

2. NAME AND ADDRESS OF THE AFFLICTED PERSON AND THEIR RELATION TO THE CUSTOMER:

Afflicted Person

Relationship

3. NATURE AND ANTICIPATED LENGTH OF AFFLICTION:

Nature

Length

Physician's Signature & Date

Physician's Office Address

Physician's Telephone Number

IMPORTANT NOTE

The maximum length of this certification is 30 days from date received in office. Certification may be renewed for an additional 30 days if needed. The Ratepayer is still responsible to make payments on his/her bill.

Please call 1-800-794-7350 to make payment arrangements.

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 566

ISSUED BY

D. P. STEPHENSON
NAME

(TO BE INSERTED BY C.P.U.C.)

DATE FILED JUN 18 2002

EFFECTIVE JUL 22 2002

DECISION NO. _____

DIRECTOR - RATES & REVENUES
TITLE

RESOLUTION NO. _____