

BOROUGH OF LANSDALE
ELECTRIC SERVICE MEDICAL CERTIFICATION

Date: _____

Borough of Lansdale Electric Account Number _____

Re: Name of Patient _____

Patient Address _____

Relationship to Account Holder _____

Name of Account Holder if different from patient _____

Address of Account holder if different from patient _____

To. Borough of Lansdale Electric Department:

I certify that I have examined the patient named above and, in my professional opinion, as a medical doctor, doctor of osteopathy, or nurse practitioner licensed in the State of Pennsylvania. I certify that the above named patient is seriously ill and affected with a condition which will be aggravated by cessation of electric service. Therefore, protect or restore utility service at this address from shutoff.

The nature and anticipated length of the affliction is as follows: _____

The specific reason why electric service cannot be disconnected:

Signature of Certifying Physician or Nurse Practitioner

License Number of Certifying Physician or Nurse Practitioner

Print name of Certifying Physician or Nurse Practitioner

Business Address of Certifying Physician or Nurse Practitioner:

Telephone of Certifying Physician or Nurse Practitioner

CERTIFICATION SHALL BE VALID FOR A MAXIMUM 60 DAY PERIOD AFTER RECEIPT BY THE BOROUGH. ACCOUNT HOLDER SHALL BE RESPONSIBLE FOR MAKING PAYMENTS OR PAYMENT ARRANGEMENTS ON THE ACCOUNT DURING THE 60 DAY MEDICAL CERTIFICATION PERIOD.