CERTIFICATE OF MEDICAL EMERGENCY

Customer Name: _____

Account Number:_____

Service Address:_____

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 the water utility service to this household for up to 24 hours would create a life sustaining medical emergency and possible death. Potable water (bottled water/gallon water) from a general convenience store (Walmart, Kroger, Dollar Store or any other store that sells potable water) would not suffice in life sustaining efforts. **(BELOW SIGNATURE MUST BE WRITTEN - NO E-SIGNATURES ACCEPTED)**

Physician Signature:_____

Print Name:_____

License #:_____

Phone Number: ( ) _____

PAST DUE BALANCE:_____ As of:_____

This statement does not in any way remove the obligation to pay for services received or to be received from Mt. Sterling Water & Sewer. I understand this form is only valid for 15 days from the date received. If the past due balance referenced in this letter is not paid in full within 15 days then the customer is subject to disconnection. I also understand the utility is not required to accept more than two medical certification renewals per calendar year for the address referenced.

Mt. Sterling Water & Sewer Office:

Date Received:_____ Initials:_____