## CERTIFICATION OF SERIOUS ILLNESS OR LIFE SUPPORT AND/OR PERMISSION FOR UTILITY TO RELEASE CONTACT INFORMATION IN A WEATHER-RELATED EMERGENCY

This is to certify that	is a resident at:
Street Address	
City, State, Zip	
Telephone Number	
Relationship to Customer	
Utility Account Number	
	ctions which provide different notices/approvals. You may complete ections as applicable, to your utility company.
SECTION ONE: Certification	of Serious Illness or Life Support.
NURSE PRACTITIONER OR PI	PLETED BY A LICENSED PHYSICIAN, CERTIFIED HYSICIAN ASSISTANT ONLY. of electric and/or gas service will either
☐ Aggravate an existing seriou OR	s illness <sup>1</sup>
321	rt equipment by the person named above <sup>2</sup>
Physician, Certified Nurse Practition or Physician Assistant's Name	er's
	(Please Print)
License No.	
Address:	
Office Phone No.	Fax No.
E-mail Address	I
Physician, Certified Nurse Practit or Physician Assistant's signature	

## **PLEASE NOTE:**

Within 30 days of submitting this certificate, you must enter into an agreement with your utility for the payment of unpaid and current bills to continue service.

<sup>&</sup>lt;sup>1</sup>"Serious illness" means an illness certifiable by a licensed physician to be such that termination of service during the period of time covered by the certificate would be especially dangerous to the health of the person certified to be seriously ill.

<sup>&</sup>lt;sup>2</sup>"Life-support equipment" means any electric or gas energy-using device certified by a licensed physician as being essential to prevent, or to provide relief from, a serious illness or to sustain the life of the customer or an occupant of the premises.

## **SECTION TWO:** Permission for utility company to release contact information in a weather-related emergency.

## THIS SECTION TO BE COMPLETED IF YOU WANT TO GRANT YOUR UTILITY COMPANY PERMISSION TO RELEASE CONTACT INFORMATION FOR YOU IN THE EVENT OF A WEATHER-RELATED EMERGENCY<sup>3</sup>

I,	grant my utility company
(Print Name)	(Name of Company)
	any local, state, or federal government emergency responder agency the ion, in order that the agency may provide assistance to me in the event of a z;
Street Address	
City, State, Zip	
Telephone Number	
<b>Utility Account Number</b>	
-	
Printed Name	
Customer's Signature	

Form PSC-801 Orig. 110205 Rev. 02172017

<sup>&</sup>lt;sup>3</sup>This section, if signed, will allow your utility company to release your contact information to any local, state, or federal government emergency responder agencies. Release of this information is solely for the purpose of verifying your well-being and providing assistance to you in the event of a weather-related emergency, as possible. Submitting this form will not provide you with priority in restoration of electricity service.