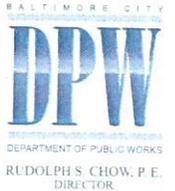




STEPHANIE RAWLINGS-BLAKE  
MAYOR

# Customer Support and Services Division



## MEDICAL CERTIFICATION to PREVENT WATER TURN-OFF

Applicant: \_\_\_\_\_ Account Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Relationship to Customer: \_\_\_\_\_

This is to certify that \_\_\_\_\_ is a resident of the above address.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If your account is delinquent, you must enter into a payment arrangement and keep your account current.

*For questions, please call: (410) 396-5398*

## THIS SECTION IS TO BE COMPLETED BY A LICENSED PHYSICIAN ONLY

Patient's Name: \_\_\_\_\_

I hereby certify that termination of water service will either (check all that apply):

aggravate an existing serious illness\* or

prevent the use of life support equipment by the person named above. \*\*

(Please Print)

Physician's Name: \_\_\_\_\_

Office Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This medical certification is valid for (1) year.**

\* "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 patient's health.

\*\* "Life-support equipment" means any electric, gas, or water-using device certified by a licensed physicians being essential to prevent or provide relief from a serious illness to sustain the life of the patient.