



Customer Support and Services Division

MEDICAL CERTIFICATION to PREVENT WATER TURN-OFF



Applicant: _____ Account Number: _____

Street Address: _____

City: _____ Maryland: _____ 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 if the patient.