



BOROUGH of QUAKERTOWN

Medical Certification Application		
To Be Completed By Applicant		
Name:		
Date of birth:	SSN:	Phone:
Service address:		
How Long at Current Address:	Account:	<input type="checkbox"/> Own <input type="checkbox"/> Rent (Please check)
Name of Person with Medical Condition:		
Address of Person with Medical Condition:		
Relationship to Customer: (Please check)	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent	<input type="checkbox"/> Other:
Nature and Length of Medical Emergency:		
Signature of Applicant:		Date:
To Be Completed By A Licensed Physician		
I certify that the above person with the medical condition is seriously ill or is afflicted with a medical condition that would cause death if electric and water service is terminated.		
Physician Name:		
Physician Office Address:		
Physician State Registration Number:	Phone:	Fax:
Signature of Physician:		Date:
Important Note: Length of Initial Certification and Renewal Procedures		
The maximum length of the initial Medical Certification is sixty (60) days from the date we received the completed application.		
The Medical Certification may be renewed for an additional sixty (60) day period. You are still responsible to make payments on your account.		
To renew your initial Medical Certification, <u>prior to the sixty (60) day period expiring</u> , you must complete the following:		
<input type="checkbox"/> Have your doctor complete and sign another Medical Certification Application.		
<input type="checkbox"/> Have your doctor certify in writing on his/her letterhead that the person with the medical emergency is seriously ill or inflicted with a medical condition that would cause death if electric and/or water service is terminated.		
<input type="checkbox"/> Fax the completed and signed Medical Certification and Doctor's certification letter to the Borough of Quakertown Utility Department 215.536.8830.		
<input type="checkbox"/> Call our Customer Service Center at 267.347.5009 to confirm receipt of the completed and signed Medical Certification Application.		
PLEASE NOTE: If you do not renew the Medical Certification before the initial sixty (60) day period expires and arrangements for payment are not made, we will proceed with termination.		
Utility Billing Verification		
To be Completed by the Borough of Quakertown		
Date Received:	Current Account Balance: <input type="checkbox"/> Water \$ <input type="checkbox"/> Electric \$ <input type="checkbox"/> Sewer \$	
Authorization:		Date: