



124 South State Street
Ephrata, PA 17522

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60-DAY MEDICAL CERTIFICATION

Instructions:

The following is to be completed by a physician licensed to practice in the Commonwealth of Pennsylvania. This form applies only in situations where the electric customer or a member of the customer's household is seriously ill or afflicted with a medical condition or disability, and the nature of the illness, condition or disability, together with its likely duration, is such that said medical condition will be aggravated in the event that electrical service is disconnected. If you have questions regarding this form, please contact the Borough of Ephrata at 717-738-9222.

Please fax the completed form to 717-738-9201 or mail to 124 S State Street, Ephrata, PA 17522

Patient Information

Patient Name: _____

Patient's Permanent Residence: _____

Medical Condition/Disability: _____

Likely Duration of Medical Condition/Disability: _____

Medical/Life Support Equipment In Use: _____

Physician Information

Physician Name: _____

Physician Business Address: _____

Physician Business Telephone: _____

Physician State License Number: _____

I certify that, to the best of my knowledge, the information provided on this form is true, and that the patient above is afflicted with a medical condition or disability that will be aggravated in the event that electrical service is disconnected.

Physician Signature: _____ Date _____

ALL SECTIONS ABOVE MUST BE FULLY COMPLETED IN ORDER TO PROCESS THIS REQUEST.

60 DAYS GOES INTO EFFECT ON THE DATE OF PHYSICIAN'S SIGNATURE

Below is for OFFICE USE ONLY

Customer Account Number: _____ Customer Name: _____

Service Location: _____

Received by: _____ Date Received: _____

30-Day Past Due Date: _____ 60-Day Past Due Date: _____

Disconnect Date: _____ Expires On: _____