

City of Clewiston Utilities
MEDICALLY ESSENTIAL ELECTRIC SERVICE APPLICATION

Date of Application: _____ Phone: _____

Name on Account: _____ Account # _____

Service Address: _____

Mailing Address: _____
(IF DIFFERENT THAN ABOVE)

Name of qualifying person: _____ Relationship to resident: _____ Age _____

Qualifying Doctor: _____ Medical reason: _____

(Attach a letter (or form) completed by a licensed physician of the State of Florida. Such letter from a physician must state in medical and nonmedical terms why the electric service is medically essential. False certification of medically essential service by a physician is a violation of s. 458.331(1)(h) or s.459.015(1)(i).)

Contact Information: _____

The term “**medically essential**” means the medical dependence on electric-powered equipment that must be operated continuously or as circumstances require as specified by a physician to avoid the loss of life or immediate hospitalization of the customer or another permanent resident at the residential service address.

Each customer must recertify once every 12 months. The City shall mail to each certified customer by regular mail any form(s) for recertification 30 days prior to the expiration of the customer’s current certification. The forms must be completed and submitted by the customer to the City within **30 days of the expiration of the current certification. Failure to recertify within this 30 day period may result in termination of the customer’s certification by the City.**

If the customer is scheduled for disconnection of service for nonpayment of utility bills, the City will attempt to notify the customer by telephone no later than 24 hours prior to disconnection of such service. If the customer does not have a telephone number on file or the customer or other adult resident of the premises cannot be reached, the City will send a representative to the customer’s residence to attempt contact with the customer, no later than 4 pm of the day prior to scheduled disconnection. If contact is not made, the City may leave a written notice at the residence advising the customer of the scheduled disconnection. Thereafter, the City may disconnect service on the specified date.

Each “medically essential” customer is responsible for making satisfactory arrangements with the City to ensure payment of utility bills.

Each “medically essential” customer is solely responsible for any backup equipment or power supply and a planned course of action in the event of a power outage or interruption of services.

The City shall call, contact or otherwise advise a “medically essential” customer of **scheduled** service interruptions. Notwithstanding any other provision of Section 366.15 F. S., the City may disconnect service to a residence whenever an emergency may threaten the health or safety of a person, the surrounding area, or the City’s distribution system. The City shall act promptly to restore service as soon as feasible.

I understand that this application in no way will prevent the disconnection of my service for nonpayment of utility bills.

I have read and understand the above requirements of this application.

Signature

Date: _____

Approved: _____

All information obtained by the City of Clewiston in connection with the Medically Essential Electric Service Application will be viewed only by the City of Clewiston Utility staff, which will be evaluating and approving your application. This information **will not** be made available to others.