

Electric Board of Guntersville

PO BOX 45
GUNTERSVILLE, AL 35976



APPLICATION TO ELECTRIC BOARD OF GUNTERSVILLE FOR PLACEMENT ON MEDICAL HARDSHIP LIST

Customer Name:	Account Number:
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Service Address:	Phone Number:
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Patient Name:	Alternate Contact Name/Number:
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CUSTOMER

I agree that I am responsible for payment of utility services to the Electric Board of Guntersville at the address shown above and that this application for medical hardship is valid and not an attempt to delay or avoid payment for services provided. I hereby agree to pay all billings promptly and acknowledge that this application, if approved does not preclude the Electric Board's right to disconnect electric service as spelled out in their service policies if I fail to make proper payment arrangements. I understand that, if approved, this medical hardship application approval will be valid for a period of one year. I acknowledge it is my responsibility to renew the application at the time of expiration. I also grant release to my physician's office to provide details of my medical condition which I feel would qualify me to be added to the medical hardship list.

Customer Signature:	Date
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MEDICAL INFORMATION--TO BE COMPLETED BY HEALTH PROFESSIONAL

I certify that I have personally examined the above named patient and confirm that complete termination of electric service would seriously endanger the patient's health for the following reasons:

Nature of illness:

How will the lack of electricity affect this customer?

How long has condition existed?

How long is condition expected to last?

Type of medical equipment prescribed requiring electric power to operate:

Does equipment have battery backup?

Signed:	Date:
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Print Name:	Title:
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Address:	Phone Number:
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OFFICIAL USE ONLY

Verified and Approved by:	Added to Hardship List:
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