

MEDICAL CERTIFICATE



CUSTOMER/PATIENT INFORMATION		
ACCOUNT NO.		
CUSTOMER OF RECORD	CUSTOMER'S PHONE NUMBER(S)	
CUSTOMER'S SERVICE ADDRESS		
CITY	STATE	ZIP CODE

PRIMARY CARE PHYSICIAN'S INFORMATION	
<p>A licensed physician, nurse practitioner, clinical nurse specialist, certified nurse-midwife, physician assistant, or local board of health physician should complete this section, only after the patient whose name appears hereon has been personally examined and you have determined that disconnection of water service would be ESPECIALLY DANGEROUS to the health of that individual. If, in your opinion, an especially dangerous situation DOES NOT EXIST, DO NOT SIGN THIS FORM. A Medical Certificate must be submitted for each request.</p>	
PATIENT'S NAME	PATIENT'S RELATIONSHIP TO CUSTOMER OF RECORD
PHYSICIAN'S NAME (Print)	
PHYSICIAN'S OFFICE ADDRESS	
OFFICE PHONE NO.	FAX NO.

<p>It is my professional opinion that because of the medical condition of the above-named patient, it would be especially dangerous to this person's health to have the water service discontinued within the next 30 days.</p>	
PHYSICIAN'S SIGNATURE	DATE
<p>A valid medical certificate is good for thirty (30) days. Once we determine we have received a valid medical certificate, Aqua will not shut off the water for non-payment for those 30 days. Payment of past due charges and/or payment arrangements (if eligible) are required in order to prevent collection activity at the end of the 30 day period. This form is <u>void</u> if modified or altered.</p>	

AQUA MUST RECEIVE THIS COMPLETED FORM WITHIN 3 BUSINESS DAYS. MAIL OR FAX TO:	
FAX NUMBER: 866.780.8301	OFFICE ADDRESS: 762 W. Lancaster Avenue Attention: Collections Bryn Mawr, PA 19010
PHONE: 877.987.2782	HOURS: 8 a.m. – 5 p.m.

TO BE COMPLETED BY COMPANY REPRESENTATIVE ONLY			
Initial		1 st Renewal	2 nd Renewal