MEDICAL EMERGENCY WRITTEN CERTIFICATION FORM

Name of Maine Water Company customer: _____

Address of Maine Water Company customer: _____

Name of the person with the medical emergency: _____

Address of the person with the medical emergency:_____

Provide statement that a serious illness or medical condition exists which would be seriously aggravated by lack of water service_____

_____

_____

What is the anticipated length of the medical emergency: _____

What is the specific reason why continued service is required: _____

_____.

Name of certifying physician: _____

Physician office address:_____

Physician phone number:_____

Certifying Physician's signature_____

Date _____