



BOROUGH OF

# SCHUYLKILL HAVEN

PENNSYLVANIA

333 CENTER AVENUE 17972-1007  
 (570) 385-2841 (570) 385-1784 Fax

Medical Certification Application			
To Be Completed By Applicant			
Name:		Date of Birth:	
Driver's Licence #:	SSN:	Phone:	
Service Address:			
How Long at Current Address:	Utility Acct #:	<input type="checkbox"/> Own	<input type="checkbox"/> Rent (Please Check)
Name of Person with Medical Condition:			
Relation of Person with Medical Condition to Applicant: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other (Please Specify) _____			
Is the Person with Medical Condition a Full Time Resident living at the Serviced Property <input type="checkbox"/> Yes <input type="checkbox"/> No			
Nature and Length of Medical Emergency:			
Signature of Applicant:			Date:
To Be Completed By A Licensed Physician			
I certify that the above person with the medical condition is seriously ill or is affected with a medical condition that would cause death if electric and water service is terminated.			
Physician's Name:			
Physician's Office Address:			
Physician's State Registration Number:	Phone:	Fax:	
Signature of Physician:			Date:
Please return this document signed & completed by applicant & physician, along with a Certification Letter from your physician on his/her letterhead stating the person with a medical condition is seriously ill or inflicted with a medical condition that would be detrimental to the patient's health if electric and/or water is terminated. All documents must be returned to Schuylkill Haven Utilities within three (3) days of requested application date.			
Important Note: Length of Initial Certification and Renewal Procedures			
The maximum length of the initial Medical Certification is sixty (60) days from the date we received the completed application			
The Medical Certification may be renewed for an additional sixty (60) day period. You are still responsible to make payments on your account.			
To renew your initial Medical Certification, prior to the sixty (60) day period expiring, you must complete the following:			
<ul style="list-style-type: none"> <li>• Have your physician complete and sign another Medical Certification Application.</li> <li>• Have your physician certify in writing on his/her letterhead that the person with the medical emergency is seriously ill or inflicted with a medical condition that would cause death if electric and/or water service is terminated</li> <li>• Fax the completed and signed Medical Certification and Doctor's Certification Letter to the Borough of Schuylkill Haven Utilities Department at (570) 385-1784. Failure to return all required documentation completed &amp; signed voids medical certification and may result in a service termination.</li> <li>• Call the Utilities Department at (570) 385-2841 to confirm receipt of the completed and signed Medical Certification Application &amp; Doctor's Certification Letter.</li> </ul>			
PLEASE NOTE: If you do not renew the Medical Certification before the initial sixty (60) day period expires and reasonable arrangements for payment are not made, the Borough of Schuylkill Haven reserves the right to proceed with service termination.			
UTILITY BILLING CERTIFICATION			
To Be Completed by the Borough Of Schuylkill Haven			
Authorized Signature			Date: