PHYSICIAN'S CERTIFICATION OF ILLNESS FORM FOR CUSTOMERS

CUSTOMER INFORMATION			
Account Number:		Date:	
Customer Name:			
Street Address:		Bldg#:	Apt#:
City:	State:	Zip:	Telephone:
Patient's Name, residing at above address:			

CUSTOMER AUTHORIZATION
I authorize Jewett City Water Company to certify with my physician that my medical condition is a serious illness or life threatening situation.
Patient, Guardian or Conservator's Name (Print):
Patient, Guardian or Conservator's Signature:
The utility has the right to contest the validity of any physician's certification before the Department of Public Utility Control. See Conn. Agencies Regs. § 16-3-100(e)(1) and (e)(5).

TO BE COMPLETED BY THE PHYSICIAN	
The utility will provide protection from a service shutoff if a registered physician certifies the patient listed below is **seriously ill** or has a **life threatening situation.** See Conn. Agencies Regs. § 16-3-100.	
Please review the illness classifications listed below and select the one that best describes your patient's condition.	
☐ **Serious Illness:**	My patient is seriously ill. However, not having water service ***will not*** endanger the life of my patient.
☐ **Life Threatening:**	My patient has a medical condition and not having water service ***will*** endanger the life of my patient. The household is protected from a service shut-off for nonpayment year round.

Please select the length of the serious or life threatening situation.

☐ 1 month or less ☐ 1-3 months ☐ 3-6 months ☐ 6-9 months ☐ 9-12 months ☐ 1 year or more

This form must be completed every 15 days if no length of illness is specified.

PHYSICIAN CERTIFICATION	
I certify, under penalty of law pursuant to Conn. Gen. Stat. Sec. 20-13c or as otherwise provided by law, that the information provided regarding my patient is true and accurate to the best of my knowledge.	
*Patient's Name:	
*Patient's Address:	
*Physician's Name:	
*Physician's Address:	
*Physician's Telephone Number:	*Fax Number:
*Physician's Signature:	*Provider State License #:
***Information required to process certification form.**	
Please return the completed form by fax or mail within seven (7) days of receipt.	
Jewett City Water Company P O Box 1088 Enfield, CT 06083	Telephone: 860 376-2963 Fax: No. 860 749-5381