

**CITY OF FLORENCE, ELECTRICITY DEPARTMENT, FLORENCE, ALABAMA**

**CERTIFICATE OF MEDICAL HARDSHIP**

**STEP #1**

CUSTOMER NAME \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_  
(Name on Account)

PATIENT NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(Patient must be customer or reside with customer)

**MEDICAL AUTHORIZATION**

I, the undersigned, hereby authorize my physician to furnish the City of Florence, Electricity Department, 110 W. College Street, Florence, AL 35630, any necessary information concerning the undersigned patient's medical condition requiring electrically operated life sustaining equipment. I further understand that my physician may require the patient (or legal guardian) to sign other documents allowing medical information to be supplied to the City of Florence Electricity Department.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Patient or Legal Guardian)

**STEP #2 TO BE COMPLETED BY PHYSICIAN**

**PLEASE COMPLETE ALL PARTS. CITY OF FLORENCE ELECTRICITY DEPARTMENT MAY CALL TO CONFIRM.**

I am a licensed physician in the State of \_\_\_\_\_. The above named patient is under my care and treatment at this time. I have personally examined the above named patient within the past 90 days. The above patient is suffering from a medical condition which requires the patient to use the following **electrically operated life sustaining** device:

Name of device: \_\_\_\_\_ (type or print)

Intended function of device: \_\_\_\_\_ (type or print)

\_\_\_\_\_  
Physician Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**STEP #3**

**CUSTOMER'S ACKNOWLEDGEMENT**

I have been informed that the City of Florence Electricity Department has the sole discretion to accept or deny this request for relief for the above named patient. I have also been informed that, if approved, this request is only a temporary extension to pay my account and that it is my responsibility during this period to arrange for the transfer of the above patient to another location in the event payment cannot be made within 21 days of date electrical service would otherwise be scheduled to be disconnected.

Date \_\_\_\_\_ Customer's Signature \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Request Received: \_\_\_\_\_

Date Request Approved: \_\_\_\_\_

Date Exemption Expires: \_\_\_\_\_