

**DOCTOR'S CERTIFICATION OF LIFE THREATENING NATURE OF LOSS
OF UTILITY SERVICE**

To: Marietta Power – Customer Care Department (Fax #: 770-794-5220)

From: _____
(Physician's name – please print)

Date: _____

I hereby certify that loss of utility service at:

(Service address)

will create a life threatening condition for:

(Patient's name)

who resides at the above service address. This person's medical condition is:

Electrically operated medical equipment at the residence that provides life support or is medically necessary consists of: **(*****required information*****)**

Loss of utility service may result in: **(*****required information*****)**

Doctor's signature: _____

Doctor's phone number: _____

Doctor's address: _____

This form must be accompanied by identification from the physician (i.e., prescription form or statement on letterhead).