

Doctors Certification

In order to qualify for special protected status for your illness or handicap, you are required to have your doctor certify your medical condition by completing the form below. Mail or bring the form to your doctor. Both you and your doctor must sign this form and he or she must return it to us according to the mailing instructions at the bottom of the form.

Instructions to Doctor:

Your patient has requested protected status due to illness or handicap as a customer of Pascoag Utility District. The Rhode Island Division of Public Utilities and carriers define a handicapped person in the following manner: "A physical or mental impairment which substantially limits one or more of such person's major life activities, and which would ordinarily prove a serious hindrance to obtaining employment. This impairment is material, rather than slight, relatively progressive and relatively permanent in that it is seldom fully corrected by medial replacement, therapy or surgical means." After obtaining the patient's signature (see below), please provide the following information including a signature:

Nature of the illness/handicap _____

Likely duration of illness (specify number of weeks or months) _____

Is recovery dependent on electric (please circle one) yes no

If yes explain how: _____

Doctor's name: _____

Doctor's Address _____

Doctor's Telephone Number: _____

Doctor's Signature: _____

Customer's (patient's) Name _____

Customer's (patient's) Signature: _____

Customer's (patient's) Address _____

Customer's (Patient's) Electric account Number: _____

Customer's (Patient's) Telephone Number: _____