

CITY OF GLADSTONE
PO Box 32
Gladstone, MI 49837
906-428-1701 x20 906-428-2599 Fax

Critical Care Customer and Medical Emergency Agreement

Name _____

Address _____

Account Number _____

Phone Number(s) Work _____ Home _____

Current Outstanding Balance \$_____

I _____ hereby certify that based on the certification from a medical doctor, hospital or similarly licensed medical provider, the customer or a member of the customer's household is a Critical Care Customer or has a certified Medical Emergency which will be aggravated if the electric service is shutoff.

The customer's certification shall identify the medical condition, any medical or life-supporting equipment being used, and the specific time period during which the shutoff of service will aggravate the Medical Emergency.

Based upon the information provided, the customer and City agree that the electric service should not be shutoff for a period not to exceed twenty one (21) days. Shut off protection may only be extended for further periods if an updated medical certification is provided in a timely manner to the City and a written agreement is reached.

I understand that the water, sewer, and/or electric service will be shutoff on _____, 20____ if I do not pay the utility bill in full, make a Payment Agreement or provide adequate updated medical certification before the above date to have the Critical Care Customer and Medical Emergency shutoff protection continued. Once terminated, said utilities will not be restored until all current and outstanding balances and penalty fees are paid in full. If another shut-off notice is issued after the date of this Agreement, contact the City Office immediately. If calling to check the status of your account, tell the office staff that you have a "Payment Agreement."

Customer's Signature

Date

City

Date