Medical List Request

Fort Pierce Utilities Authority
P.O. Box 3191
Fort Pierce, FL 34948-3191
Fax: (772) 465-0764, (772) 465-6984

Date: _____

Re:

Customer Account Information

Account No.: _____

Name On Account: _____

Patient Name If Different: _____

Address: _____

_____

_____

Phone: _____

Customer Service Department:

This letter is verification that the above-named patient is presently using electrically powered medical equipment to sustain life or avoid serious medical complications. This letter does not guarantee power, nor does it relieve the customer of payment of their account balances. This letter allows registered letter notification prior to an interruption of service for non-payment of utility bills. This letter must be renewed annually.

Please arrange to have them put on Fort Pierce Utilities Authority's Medical List.

Sincerely,

_____

Physician's Signature

Physician Information

_____

Physician's Name (print)

_____

Address

_____

Address

_____

Phone Number

After completion of form, please –

Mail – See Top of Form for Address, or

Fax – See Top of Form for Fax Numbers, or

Drop Off – 206 South 6th Street, Fort Pierce, FL 34950