



## MEDICAL VERIFICATION FORM

ACCOUNT NUMBER: \_\_\_\_\_  
(14-digit Number from City of Lubbock Utilities bill)

ACCOUNT NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_  
Street City State Zip

DAYTIME PHONE: \_\_\_\_\_  
(Area code) xxx-xxx

I certify that the termination of electric service would disrupt the use of life support equipment and would create a medical emergency for \_\_\_\_\_ DOB \_\_\_\_\_ who is a permanent  
Patient Name (mm/dd/yyyy)  
resident at the above address.

Type of equipment utilized: \_\_\_\_\_

Number of hours in use per day: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_

Physician License Number: \_\_\_\_\_

This form should only be used in those instances where the customer will require long-term, life-sustaining equipment. Nebulizers do not qualify.

Date: \_\_\_\_\_  
Physician Signature

Remember, City of Lubbock Utilities cannot guarantee to have power available all of the time. If your life depends on an uninterrupted source of electricity, it is critical for you to have alternate sources available. You should also have a back-up plan in case City of Lubbock Utilities is not able to restore power quickly.

If you have any questions regarding the use of this form please contact Customer Service at (806) 775-2509.

**\*\*Medical Verification forms received after 4:00 p.m. will be processed the following business day.**

**Print and mail to City of Lubbock Utilities, P.O. Box 10541, Lubbock, TX 79408-3541; or FAX to (806) 775-3722**