



PRINT

MEDICAL VERIFICATION FORM

ACCOUNT NUMBER: [input field]
(as shown on the City of Lubbock Utilities bill)

ACCOUNT NAME: [input field]
(as shown on the City of Lubbock Utilities bill)

SERVICE ADDRESS: [input field]
Street City State zip

DAYTIME PHONE NUMBER: [input field]

I certify that the termination of electric service would disrupt the use of life support equipment and would create a medical emergency for [input field] DOB [input field] who is a permanent resident at the above address.

TYPE OF EQUIPMENT UTILIZED: [input field]
AUTHORIZING PHYSICIAN'S NAME: [input field] DATE: [input field]

PHYSICIAN PHONE NUMBER: [input field]

PHYSICIAN LICENSE NUMBER: [input field]

CONTACT NAME: [input field]
(Please provide a person other than the account holder, who may be reached in case of an emergency)

CONTACT PHONE NUMBER: [input field]
(Please provide a number that will be answered during non-business hours)

The City of Lubbock Utilities (LP&L) cannot guarantee uninterrupted power all of the time. If lives depend on an uninterrupted source of electricity, it is critical that alternate sources are available. You should also have a back-up plan in case City of Lubbock Utilities is unable to restore power quickly.

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

Print and mail to City of Lubbock Utilities, ATTN: Collections, P.O. Box 10541, Lubbock, TX 79408-3541; or scan and attach to the email address of: customercare@mail.ci.lubbock.tx.us