



## **Certification of Medical Emergency**

*To be Completed by a Registered Physician Licensed Under:*

*Title 32 M.R.S.A. Section 3270, et seq. or*

*Title 32 M.R.S.A. Section 2571, et seq.*

Please confirm that disconnection of electricity service poses a serious risk of harm due to the presence of a serious medical condition.

<b>1) Customer Name:</b>	
<b>2) Account Number:</b>	
<b>3) Service Location:</b>	
<b>4) Date Notified:</b>	

**Completed by Physician**

**INSTRUCTIONS: Please complete this section and fax the document to 207-629-2195 or email to 24hour@cmpco.com.**

1) Name of person having the serious medical condition:

2) Address:

3) Specific reason why continued service is required:

4) Expected duration of medical condition:

5) Physician's Name:

6) Office Address:

7) Telephone Number:

Physician's Signature:

Date:

Physician's License #:

**This medical emergency becomes effective for the time period specified above or 30 days, whichever is less. A medical emergency can be declared on an account no more than a total of 3 times in a 12 month period.**

Signature Stamp of Physician:

**Your signature stamp represents your statement is true and that a serious medical condition exists, such that lack of electric service would pose a serious risk of harm to this individual.**