

Giấy Xác Nhận của Khách Hàng City Light

Người có tên trong Giấy Chứng Nhận này, người sử dụng máy móc trợ sinh bằng điện, là cư dân thường trú tại địa chỉ nhận dịch vụ dưới đây.

Tôi hiểu rằng Giấy Chứng Nhận này không miễn cho khách hàng nghĩa vụ trả chi phí dịch vụ điện. Tôi hiểu rằng trong trường hợp việc sử dụng máy móc trợ sinh được ghi trong Giấy Chứng Nhận này, việc gia hạn dịch vụ điện cho trường hợp không trả tiền sẽ được quyết định tùy theo từng trường hợp và sẽ không vượt quá 30 ngày. Tôi cũng hoàn toàn hiểu rằng dịch vụ điện có thể bị chấm dứt nếu tôi không trả tiền theo thỏa thuận.

Tôi hiểu rằng Giấy Chứng Nhận này chỉ có giá trị trong khoảng thời gian mỗi nguy hiểm đến tính mạng hoặc sức khỏe được chứng nhận là có hiện diện và không có giá trị trong quá một năm nếu không gia hạn.

Tên của Khách Hàng: _____

Địa chỉ nơi nhận dịch vụ: _____

Chữ ký của khách hàng: _____ Ngày: _____



CERTIFICATE OF MEDICAL EMERGENCY

Physician’s Statement (Check One):

I certify that the person listed below uses recognized life support equipment requiring an electrical connection and that the termination of electrical service to their residence would create a life-threatening situation.

OR

I certify that the person listed below has a health-threatening situation involving a temporary illness or condition in which loss of electrical service could result in prolonging or exacerbating the illness or suspected illness.

Please complete the following:

1. Person’s Name: _____

2. Person’s Address: _____

3. Person uses the following life support equipment requiring an electrical connection:

(Check ALL that apply)

- VENTILATOR (Continuous Mechanical)
OXYGEN Concentrator (Does not include liquid or cylinder oxygen use)
DIALYSIS (In-home Peritoneal Dialysis only)
CPAP or BIPAP device
NEBULIZER
SUCTIONING Device
DISPENSER (Feeding Pump or Medication Dispenser)
BED-MATTRESS (Electric hospital bed or alternating pressure mattress)
CHAIR (Electric lift chair or electric wheelchair, rechargeable)
OTHER Life Support Equipment (Please specify type):
HEATING/COOLING (Patient is vulnerable to extreme temperatures due to serious long-term medical condition and patient’s health will be significantly endangered by the termination of electrical service for heating/cooling).

4. Person’s use of life support equipment is expected to be: (Check one)

- Short-term (Less than 60 days) Long-term (More than 60 days)

5. For temporary health-threatening situation NOT involving life support equipment, explain how the health of the person will be significantly endangered by the loss of electrical service:

Signature of Licensed Physician _____

Physician’s I.D. Number _____ Date _____

Name (Please Print) _____ Phone _____

Address _____

City Light Customer's Statement

The person named in this Certificate who uses electric-powered life support equipment is a permanent resident at the service address shown below.

I understand that this Certificate does not relieve the customer of the obligation to pay for electrical service. I understand that where the use of life support equipment is documented by this Certificate, the extension of electrical service for nonpayment will be determined on an individual basis and will not exceed 30 days. I also fully understand that electrical service may be terminated for failure to make agreed upon payment.

I understand that this Certificate is valid only for the length of time the life or health endangerment is certified to exist and that it is not valid for more than one year without renewal.

Customer Name: _____

Service Address: _____

Customer Signature: _____ Date: _____

Statement of Person Using Life Support Equipment

The information I have provided to the licensed physician is true, and I authorize the release of information on this certificate to Seattle City Light.

Name (print): _____

Signature: _____ Date: _____

Relation to Person Using Life Support Equipment (**Check one**):

- Self Spouse Parent or Guardian Agent with Power of Attorney
- Other please specify): _____

Please list all phone numbers and your e-mail address and check the box next to your preferred method(s) of contact:

- Home Phone: _____
- Work Phone: _____
- Cell Phone: _____
- Message Phone: _____
- Emergency contact number: _____
- Other: _____
- E-mail Address: _____

MAIL Completed Certificate to:

Seattle City Light Credit Office, P.O. Box 34023, Seattle, WA 98124-4023

OR FAX to: Seattle City Light Credit Office at (206) 233-3748