



KINSTON PUBLIC SERVICES

Buildings & Grounds, Business Office, Electric, Engineering, Environmental Services,
Fleet Maintenance, Meter Reading, Stormwater, Streets, Wastewater, and Water

Kinston, the right place ... Kinston Public Services, the right choice.

- MEDICAL ALERT CERTIFICATION -

24-hr Customer Service
(252)939-3282

Utility Account Name _____

Utility Account Number _____

Patient's Name _____

Relationship _____

Service Address _____

Telephone # (home) _____ (work) _____

(alternate contact #) _____

Mailing Address _____

Medical Condition _____

Type of Life Support System _____

Type of Backup Life Support System _____

The customer agrees to be responsible for providing a letter or certification from a physician advising the City of the medical condition, its severity and whether the condition is temporary or permanent. The certification will be reviewed and brought up to date no less than annually. If the condition is temporary, the customer must advise the City when improvement has occurred or if the affected person has deceased.

By signing this agreement, the customer agrees to pay his/her account on or before its due date to prevent service interruption for failure to pay. The City will make a good faith effort to make personal contact with the customer 24 hours prior to services being terminated. This effort shall result in a \$25.00 service fee.

The City will exercise diligence to maintain electric service to the life support patient. However, due to conditions beyond its control, continuous electric power cannot be guaranteed. The customer understands it is his/her responsibility to provide emergency power or a backup plan for movement of the patient if the City is unable to restore power in a period of time which aggravates the patient's condition or becomes life threatening.

The undersigned acknowledges that he/she has read the foregoing or has had it read to them, understands this certification, and agrees to comply with its provisions.

Customer's signature _____ Date _____

PHYSICIAN'S CERTIFICATION

I, _____ hereby certify the above referenced patient(s) is/are either:

- a.) Chronically or seriously ill, or
- b.) On a life support system (heart, lung, respirator, etc.) requiring the continuous use of electricity

The medical condition, associated with the above referenced patient(s) is true, accurate, and will continue for:

- a.) approximately _____ months, or
- b.) permanently _____

Physician's signature _____ Date _____

Address

Telephone #

Accepted by the City of Kinston

Name _____ Title _____

Signature _____ Date _____