



Borough of Conshohocken Authority
601 East Elm Street
Conshohocken, PA 19428
Office: 610-828-0979 Fax: 610-828-7720

MEDICAL CERTIFICATE

CUSTOMER INFORMATION:

Customer Name _____ Account No. _____

Customer Address _____

Customer Home Phone _____ Customer Cell Phone _____

PATIENT INFORMATION:

Patient Name _____ Relationship to Customer _____

Patient Certification

I hereby certify that I reside at the above listed customer address and require the continuation of water service due to a serious medical condition.

Patient Signature _____ Date _____

MEDICAL PROVIDER INFORMATION:

This portion of the form must be completed by a licensed physician, nurse practitioner or physician's assistant who has personally examined the above-identified patient and determined that disconnection of water service would be especially dangerous to the health of that individual.

Provider Name _____

Office Address _____

Office Phone _____ Office Fax _____

Provider Certification

I hereby certify that the above-identified patient is seriously ill or has been diagnosed with a medical condition which requires the continuation of water service to treat the medical condition. It is my professional opinion that because of the medical condition, it would be especially dangerous if water services are discontinued within the next 30 days.

Provider Signature _____ Date _____

This medical certificate is valid for thirty (30) days. Upon receipt of a completed medical certificate, the Borough of Conshohocken Authority will not terminate water service due to non-payment for a period of 30 days. Payment of past due charges and/or payment arrangements (where eligible) are required in order to prevent collection activity at the end of the thirty (30) day period. If your medical condition lasts longer than 30 days, a new certificate must be submitted.

THIS FORM IS VOID IF MODIFIED OR ALTERED.