MEDICAL WAIVER FORM

CITY OF LAMPASAS
PUBLIC UTILITIES
312 East Third Street, Lampasas, Texas 76550
512-556-3641/fax 512-556-2074

CUSTOMER INFORMATION:

Customer(s) Name: _____

Customer(s) Address: _____

Customer Account # _____

PHYSICIAN:

Physician Name: _____

Physician Address: _____

Names of those requiring utility service due to a medical emergency: _____

_____

_____

Medical Condition

Nature of the medical emergency and the approximate or estimated duration of the emergency. _____

_____

_____

_____

_____

Signature of Physician _____ **Date** _____

I fully understand and am aware that postponement of service disconnection for medical reasons does not exempt my account from being door tagged and may be subject to disconnection after the time allowed. I am also aware that this waiver is good for one year and must be updated annually.

_____

Signature of Customer Date

OFFICE USE ONLY:

Date:_____ **Clerk:** _____

Account flagged:_____