



**Fort Pierce Utilities Authority**

**"Committed to Quality"**

206 South Sixth Street (34950)

Post Office Box 3191

Fort Pierce, Florida 34948-3191

(772) 466-1600

# Medical List Request

Date: \_\_\_\_\_

Re:

## Account Information

Account No.: | | | | | | | | | |

Name: \_\_\_\_\_

Patient Name If Different: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Customer Service Department:

This letter is to certify that the above named patient is presently using electrically powered medical equipment to sustain life or avoid serious medical complications. This letter does not guarantee power, nor does it relieve the customer of payment of their account balances. This letter allows registered letter notification prior to an interruption of service for non-payment of utility bills. This letter must be renewed annually.

Please arrange to have them put on your Medical List.

Sincerely,

\_\_\_\_\_  
Physician's Signature

## Physician Information

\_\_\_\_\_  
Physician's Name (Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number