



# MEDICAL CERTIFICATE REQUEST

**A**ccording to Colorado Springs Utilities Rules and Regulations, a customer may provide a signed Medical Certificate to postpone the discontinuance of utility service. A Medical Certificate is a document signed by a physician, physician’s assistant, or nurse practitioner, licensed by the State of Colorado, stating “discontinuance of utility service would be especially dangerous to the health and/or safety of a permanent resident of the residence served or would create a medical emergency.” The period of non-discontinuance of utility service is effective for sixty (60) days from the date of the Medical Certificate form.



## **Customer Information**

Colorado Springs Utilities Account Number \_\_\_\_\_

Customer/Patient Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_



## **Physician Information**

Physician Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Please check the box and sign below if the person named above meets medical qualifications to receive a Medical Certificate to postpone the discontinuance of utility service.

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

*Completed forms must be submitted through one of the following options:*

**Email:** [revenueprocessing@csu.org](mailto:revenueprocessing@csu.org)

**Fax:** 719-668-8175

**In-Person:** Customer Service Center, 111 South Cascade Avenue (Mon. – Fri. 8 a.m. to 5 p.m.)

*Disclaimer: All completed forms will be verified upon receipt for final approval. If the customer chooses to fax or email the completed forms, the customer willingly accepts all risks related to intercepted or unsecured transmissions.*



Colorado Springs Utilities  
*It's how we're all connected*