



# MEDICAL EXTENSION REQUEST

According 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.” **One thirty-day (30) extension of service may be granted by receipt of a second Medical Certificate and a minimal agreed-upon payment to prior to the expiration of the initial sixty (60) day period.** The extension is effective for thirty (30) days. It shall commence upon the expiration of the initial period of non-discontinuance, established through the Customer’s initial Medical Certificate. In no event shall the cumulative non-discontinuance period exceed ninety (90) days.



## 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.*

