

MEDICAL EXTENSION REQUEST

Certificate to postpone the discontinuance of utility service. A Medical Certificate is a document signed by a physician, physician's assistant, or nurse practitioner (collectively equal to Medical Provider), 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 (30) day extension of service may be granted by receipt of a Medical Extension Request prior to the expiration of the initial sixty (60) day period. The extension is effective for an additional thirty (30) days and 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.

	es Account Number	
Customer/Patient Name		
Street Address		
City ————————————————————————————————————	State	Zip
elephone Number		
Customer Signature		
Medical Provider Name		
Name		
treet Address		
ity	State	Zip
elephone Number		
Your signature confirm	s the Customer/Patient meets the require I Certificate to postpone the discontinuar	ements identified above to
Medical Provider's Signature	[Pate
Customers/Patient or N following options:	ledical Provider may submit completed fo	orms through one of the
Online: Through My Ad Mail: Colorado Springs Fax: (719) 668-7288	count/My Request Utilities P.O. Box 340, Mail Code 1339, Co	olorado Springs, CO 80901-1339
,	de Ave, Colorado Springs, CO; Mon-Fri: 8	8:00 AM - 5:00 PM











