



AQUARION

Water Company

Stewards of the Environment

CERTIFICATION OF ILLNESS FORM FOR AQUARION CUSTOMERS

CUSTOMER INFORMATION

Aquarion Account Number:		Date:	
Customer Name:			
Street Address:		Bldg#:	Apt#:
City:	State:	Zip:	Telephone:
Patient's Name, residing at above address:			

CUSTOMER AUTHORIZATION

I authorize Aquarion Water Company to certify that my medical condition is a serious illness or life threatening situation.
Patient, Guardian or Conservator's Name (Print):
Patient, Guardian or Conservator's Signature:

TO BE COMPLETED

The utility will provide protection from service shutoff if a Certifying Physician, Physician Assistant, Nurse Practitioner or Local Board of Health certifies the patient listed below.	
Please review the illness classifications listed below and select the one that best describes your patient's condition.	
<input type="checkbox"/> Serious Illness:	My patient is seriously ill. However, not having water service <u>will not</u> endanger the life of my patient.
<input type="checkbox"/> Life Threatening:	My patient has a medical condition and not having water service <u>will</u> endanger the life of my patient. The household is protected from a service shut-off for nonpayment year round.
Please select the length of the serious or life threatening situation. <input type="checkbox"/> 1 month or less <input type="checkbox"/> 1-3 months <input type="checkbox"/> 3-6 months <input type="checkbox"/> 6-9 months <input type="checkbox"/> 9-12 months <input type="checkbox"/> 1 year or more This form must be completed every 15 days if no length of illness is specified.	

PHYSICIAN CERTIFICATION

I certify, per Massachusetts Regulation CMR 220 or as otherwise provided by law, that the information provided regarding my patient is true and accurate to the best of my knowledge.	
*Patient's Name:	
*Patient's Address:	
*Physician's Name:	
*Physician's Address:	
*Physician's Telephone Number:	*Fax Number:
*Physician's Signature:	*Provider State License #:
*Information required to process certification form.	

Please return the completed form by fax or mail to Aquarion Water Company within seven (7) days of receipt.	
Aquarion Water Company 200 Monroe Turnpike Monroe, CT 06468	Telephone: 1-203-445-7310 1-800-732-9678 Fax: 1-203-445-7308