



## MEDICAL HOLD

In accordance with Nebraska law, you have the right to request the postponement (a delay) of a scheduled disconnection of residential electric service due to health reasons. You must present Crete Public Works Department with a certificate from a duly licensed physician certifying that you or someone living in your house has an existing illness or handicap which would cause this individual to suffer an immediate and serious health hazard by the disconnection of electric service.

Fill out your portion of this form and submit to your licensed physician to complete. This form must be filed with the Crete Public Works Department within five (5) days of receiving notice of disconnection of electric service. Once the City of Crete receives this completed form, the City will delay disconnection for a period of thirty (30) days. All provisions outlined in Crete Municipal Code still apply.

Only one postponement of disconnection is allowed for each incident of non-payment of any past due account.

The information you provide will not be used for any purpose other than to initiate a medical delay. Medical information will not be kept in the customer's billing account. By signing this form, you are authorizing your physician to release your medical information as it pertains to the requested medical hold.

<b>SECTION 1A: To be completed by residential customer of record:</b>	
Name:	
Address of Residence:	
Account Number:	
Phone Number:	E-mail Address:
<i>I certify that the information provided above is accurate and that I am the individual requiring the medical hold or the individual lives in my home.</i>	
<b>Customer Signature:</b>	<b>Date:</b>

**Note:** If the customer of record is not the individual within the household requiring the medical hold, Section 1B must also be completed. If the customer of record is the individual requiring the medical hold, proceed to Section 2.

**SECTION 1B: To be completed by resident of household requiring the medical hold (if individual is not the customer of record):**

If the individual is under 18 years of age or otherwise unable to sign, this section is to be completed by the legal Guardian or Power of Attorney.

Name:

Relationship to Customer:

Phone Number:

E-mail Address:

*I certify that the information provided above is accurate, that I am a member of the household of the address noted in Section 1A, and that I am the individual requiring the medical hold.*

**Signature:**

**Date:**

**SECTION 2: To be completed by physician:**

Name:

Professional License Number:

Licensing State:

Phone Number:

Type of Medical Practice:

Medical Practice Address:

*I certify that the customer of record or the member of their household noted on this form requires medical equipment/a life support system to which an interruption of electric service would be immediately life-threatening and/or the individual has an existing condition that will be aggravated by the lack of electric service.*

**Physician Signature:**

**Date:**

Return the completed form to:  
Crete Department of Public Works  
P.O. Box 86  
Crete, NE 68333  
Phone: 402-826-4312  
E-mail: PW.help@crete.ne.gov