



South Hadley Electric Light DEPARTMENT

85 Main Street
South Hadley, MA 01075

Telephone # 413-536-1050
Fax # 413-538-6067

CERTIFICATION OF SERIOUS ILLNESS

Our customer (Name of Customer): _____ has applied for protection of their electric service from termination because they or someone living in their household is suffering from a serious illness. M.G.L. Chapter 164 § 124A provides that the Company may not terminate electric service to this customer if you, as a registered physician, physician’s assistant, nurse practitioner, or local Board of Health official, certify in writing, that our customer or someone living in the household is suffering from a serious illness. 220 C.M.R. § 25.02 (2)(a).

If you agree that our customer or someone living in their household has a serious illness, please fill out the certification below and indicate whether the illness is chronic. The Certification of serious illness shall be renewed quarterly (every 90 days) unless the illness is chronic. A certificate of chronic serious illness shall be renewed every six months.

CERTIFICATION

I, _____ certify that my patient
(Print Physician’s Name)

(Print Patient’ Name)

AT _____
(Patient’s Street address) (Apartment #) (City and State)

Is suffering from a serious illness (); this illness is chronic ()

Does this illness require electricity? Yes / No (Please circle one)

The nature of the illness is:

(Physician’s Signature) (Date)

(Physician’s Street Address) (City and State)

(Area Code) (Telephone Number) (Area Code) (Fax Number)

***Please return this certification within seven days of receipt to:
South Hadley Electric Light Dept., 85 Main Street, South Hadley, MA 01075 or Fax to 413-538-6067