

**City Light (시티 라이트) 고객 서약서**

이 인증서에 적힌 사람은 전기로 작동하는 생명유지장치를 사용하는 자로서 아래 주소에 거주하는 주민입니다.

본인은 이 인증서가 고객의 전기 요금지불의 의무를 면제해 주지 않는다는 것을 알고 있습니다.

본인은 이 인증서에 명시된 생명유지 장치의 용도를 알고 있으며, 전기 요금 미납 기간은 각 사례별로 결정되겠지만, 단, 30일을 초과하지 않을 것이라는 점을 알고 있습니다. 또한 본인은 전기 요금 미납으로 인해 전기 서비스가 중단 될 수 있음을 충분히 알고 있습니다.

이 인증서는 생명이나 건강상 위험의 존재가 인정되는 기간 동안만 유효하며, 그 기간을 갱신하지 않을 경우 1년 이상 유효하지 않음을 본인은 알고 있습니다.

고객 이름: \_\_\_\_\_

주 소: \_\_\_\_\_

고객의 서명: \_\_\_\_\_ 날짜: \_\_\_\_\_



CERTIFICATE OF MEDICAL EMERGENCY

Physician’s Statement (Check One):

I certify that the person listed below uses recognized life support equipment requiring an electrical connection and that the termination of electrical service to their residence would create a life-threatening situation.

OR

I certify that the person listed below has a health-threatening situation involving a temporary illness or condition in which loss of electrical service could result in prolonging or exacerbating the illness or suspected illness.

Please complete the following:

1. Person’s Name: \_\_\_\_\_

2. Person’s Address: \_\_\_\_\_

3. Person uses the following life support equipment requiring an electrical connection:

(Check ALL that apply)

- VENTILATOR (Continuous Mechanical)
OXYGEN Concentrator (Does not include liquid or cylinder oxygen use)
DIALYSIS (In-home Peritoneal Dialysis only)
CPAP or BIPAP device
NEBULIZER
SUCTIONING Device
DISPENSER (Feeding Pump or Medication Dispenser)
BED-MATTRESS (Electric hospital bed or alternating pressure mattress)
CHAIR (Electric lift chair or electric wheelchair, rechargeable)
OTHER Life Support Equipment (Please specify type):
HEATING/COOLING (Patient is vulnerable to extreme temperatures due to serious long-term medical condition and patient’s health will be significantly endangered by the termination of electrical service for heating/cooling).

4. Person’s use of life support equipment is expected to be: (Check one)

- Short-term (Less than 60 days) Long-term (More than 60 days)

5. For temporary health-threatening situation NOT involving life support equipment, explain how the health of the person will be significantly endangered by the loss of electrical service:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Signature of Licensed Physician \_\_\_\_\_

Physician’s I.D. Number \_\_\_\_\_ Date \_\_\_\_\_

Name (Please Print) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**City Light Customer's Statement**

The person named in this Certificate who uses electric-powered life support equipment is a permanent resident at the service address shown below.

I understand that this Certificate does not relieve the customer of the obligation to pay for electrical service. I understand that where the use of life support equipment is documented by this Certificate, the extension of electrical service for nonpayment will be determined on an individual basis and will not exceed 30 days. I also fully understand that electrical service may be terminated for failure to make agreed upon payment.

I understand that this Certificate is valid only for the length of time the life or health endangerment is certified to exist and that it is not valid for more than one year without renewal.

Customer Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Statement of Person Using Life Support Equipment**

The information I have provided to the licensed physician is true, and I authorize the release of information on this certificate to Seattle City Light.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relation to Person Using Life Support Equipment (**Check one**):

- Self       Spouse       Parent or Guardian       Agent with Power of Attorney
- Other please specify): \_\_\_\_\_

**Please list all phone numbers and your e-mail address and check the box next to your preferred method(s) of contact:**

- Home Phone: \_\_\_\_\_
- Work Phone: \_\_\_\_\_
- Cell Phone: \_\_\_\_\_
- Message Phone: \_\_\_\_\_
- Emergency contact number: \_\_\_\_\_
- Other: \_\_\_\_\_
- E-mail Address: \_\_\_\_\_

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**MAIL Completed Certificate to:**

Seattle City Light Credit Office, P.O. Box 34023, Seattle, WA 98124-4023

**OR FAX to:** Seattle City Light Credit Office at (206) 233-3748