



# KENNEBUNK LIGHT & POWER DISTRICT

A CONSUMER OWNED UTILITY SINCE 1893

## Certification of Medical Emergency

1. Name and physical address of customer:

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2. Name and Physical Address of person with medical emergency:

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3. Is it your opinion that a serious illness or medical conditions exists which could be seriously aggravated by lack of electrical power in patient's residence?

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4. Anticipated length of medical emergency and total hours per day electricity needed:

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5. Please state specific reason why continued electrical service is required:

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6. Certifying Physician:

Name: \_\_\_\_\_ Name Of Medical Practice: \_\_\_\_\_

Address:

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Telephone Number: (     ) \_\_\_\_\_ - \_\_\_\_\_

Signature of Certifying Physician: \_\_\_\_\_

DATE: \_\_\_\_\_

Please Return Completed Form To:  
info@klpd.org

or

4 Factory Pasture Lane ♦ Kennebunk, Maine 04043 ♦ (207) 985-3311 ♦ FAX (207) 985-6316