



93 West Main Street, Clinton, CT 06413-1600

Dear Customer:

You have requested protection from termination of service due to a serious illness or life threatening situation. Per CT State Regulation 16-3-100-e, if you or anyone presently and normally living in your home is seriously ill, we will not shut off your utility service during such illness, if your doctor or someone from his office contacts us within 13 days after mailing of the termination notice as long as you make agreed upon payments against the arrears amount and keep new bills current.

Please complete all the information below, sign the "Authorization to Release Information" section and have your physician complete his portion and return it to us within 7 days. We do not want or require any confidential information on the nature of the illness, only a certification from your physician that it constitutes a serious illness.

To be completed by customer:

Customer Name: _____ Date: _____

Street: _____ Bldg #: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Acct. # (8 digits) _____ Home PH: (____) _____ - _____ Work or Cell PH: (____) _____ - _____

* Name of Person with Illness: _____ Date of Birth: _____

* Provide if different from the named customer of record.

Authorization to release information:

I hereby authorize the release of medical information necessary for the completion of this physician's certification of illness form:

Patient or Guardian's Name (Printed): _____ Date: _____

Patient or Guardian's Signature: _____ Relationship _____

To be completed by physician: (Please Print)

The above named customer has requested that his water service not be terminated because they, or someone within the household, is suffering from a serious illness. In accordance with the CT State Regulation 16-3-100-e, we can avoid termination of service provided you, as a registered physician, certify to this fact. Please provide us with the following information to accommodate this request:

Patient's name: _____ Today's Date: _____

Patient's address: _____ Bldg #: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Is your patient's condition is considered a: (Check one)

- Serious Illness** – This household's water service can be terminated if they fail to make agreed upon payments against arrears amount and keep new bills current.
- Life Threatening Condition** – A condition that would endanger the life of the customer or member of the customer's household if water service were terminated. Customer is expected to keep terms of the agreement and keep new bills current but service will not be terminated.

Projected Length of Serious Illness or Life Threatening Condition: _____

(If no length of illness is specified, this certification must be renewed every 15 days)

Physician's Name: _____ Provider's State License #: _____

Physician's Address: _____

City: _____ State: _____ Zip: _____

Physician's Telephone Number (s): _____

Physician's Signature: _____

Please complete and return this form to CT Water Company within seven (7) days of receipt.

Mail to: Connecticut Water Company
93 West Main Street
Clinton, CT 06413-1600

Fax to: Collections Department Fax (860) 664-8081
Questions: Call us at 800-286-5700

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