MEDICAL CERTIFICATE REQUEST

According to Colorado Springs Utilities Rules and Regulations, a customer may provide a signed Medical Actificate to postpone the discontinuance of utility service. A Medical Certificate is a document signed by a physician, physician's assistant, or nurse practitioner (collectively equal to "Medical Provider") licensed by the State of Colorado, stating "discontinuance of utility service would be especially dangerous to the health and/or safety of a permanent resident of the residence served or would create a medical emergency." The period of non-discontinuance of utility service is effective for sixty (60) days from the date of the Medical Certificate form.

Colorado Springs Utilities Account Nu	mber	
Customer/Patient Name		
Street Address		
City	State	Zip
Telephone Number		
Customer Signature		
Medical Provider		
Name:		
Street Address		
City	State	Zip
Telephone Number		
Your signature confirms the Customer/Patient meets the requirements identified above to receive a Medical Certificate to postpone the discontinuance of utility service.		
Medical Provider's Signature		Date
<i>Customers/Patient or the Medical Pro following options:</i>	vider may submit complet	ted forms through one of the
Online: Through My Account/My Request Mail: Colorado Springs Utilities P.O. Box 340, Mail Code 1339, Colorado Springs, CO 80901-1339 Fax: (719) 668-7288 In Person: 111 S Cascade Ave, Colorado Springs, CO; Mon-Fri: 8:00 AM - 5:00 PM		

Colorado Springs Utilities

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