



A PHI Company

Certification of Medical Need

NOTE TO CUSTOMER: The Physician's Certification portion of this form must be completed and signed by a Delaware-licensed physician or accredited Christian Science practitioner. Once approved, certification will be effective for 120 days. The Customer must complete the other portions of this form accurately and completely and return the completed form to:

Delmarva Power, Revenue Recovery,
5 Collins Drive, Suite 2133, Carneys Point, NJ 08069
Fax: (888) 254-1239

CUSTOMER CERTIFICATION

- *Electric Account No.:*
- *Name of Account Holder:*
- *Service Location:*
- *Name of person who resides at service location listed above and who is the subject of the Physician's Certification (below)* _____

Account Holder Signature: _____ Date: _____

PHYSICIAN CERTIFICATION

NOTE TO PHYSICIAN: This Certification is required to assist Delmarva Power in determining whether there are special circumstances, as provided by Delaware law, relating to the provision of electric service to the person listed above. Please read this form carefully and complete it accurately and legibly.

- Physician's Information: Name: _____
(Please print) State license: _____
Practice and/or specialties _____
Office Address: _____
Office Phone: () _____

I certify that the person noted above is so ill that the termination of electrical service would adversely affect his or her health or recovery. The information provided by me herein is true and accurate to the best of my knowledge, information and belief:

Signature of Physician

Today's Date