

CITY OF LOCK HAVEN, PENNSYLVANIA  
SEWER & WATER DEPARTMENTS  
**POLICY REGARDING THE ACCEPTANCE OF MEDICAL CERTIFICATE FORMS**

In accordance with Title 66 Chapter 14 Section 1406 (f), also known as Responsible Utility Customer Protection, the City of Lock Haven shall not terminate utility service to a premises when a customer has submitted a medical certificate to the city utility. The customer shall obtain a medical certificate verifying the condition and shall promptly forward it to the city. Also, in accordance with Title 66 Chapter 14, 2014 Amendment 1707 (b), when service to a dwelling has been terminated and provided the applicant has met all applicable conditions, the city shall reconnect service upon receipt of a valid medical certification.

Medical certificates are intended to assist vulnerable consumers with serious health conditions maintain utility service. However, they are not intended to allow a customer to avoid paying for the service. Thus, we remind everyone that, under Public Utility Commission regulations, consumers have the responsibility to “make payment on all current undisputed bills or budget billing amount” while under the protection of a medical certificate (see 52 Pa. Code 56.116 relating to duty of customer to pay bills). Failure of a customer to comply with this requirement can result in the utility restricting the customer to an original medical certificate and two renewals (see 52 Pa. Code 56.114 relating to length of postponement; renewals). Further, a utility can petition the Commission to waive a medical certification (see 52 Pa. Code 56.118 relating to right of public utility to petition the Commission.).

The City of Lock Haven has developed its own Medical Certificate Form and encourages its use; however, the City will accept a written letter or note as long as it includes the required content:

- A written document containing the following:
  1. The name and address of the customer or applicant in whose name the account is registered (required)
  2. The name and address of the afflicted person and relationship to the customer or applicant (required)
  3. The anticipated length of the affliction (required)
  4. The name, office address, and telephone number of the certifying physician, nurse practitioner, or physician’s assistant. (required)
  5. The signature of the certifying physician, nurse practitioner, or physician’s assistant. (required for illness, if consumer is applying with a Protection From Abuse or court order under 66 Pa. C.S. 1417, a signature is not required)
  6. Medical Professional License Number (optional)

The City will accept medical certificates if submitted in person, by mail, faxed, or emailed, for which electronic signatures are valid.



CITY OF LOCK HAVEN  
SEWER & WATER DIVISIONS  
20 E CHURCH STREET  
LOCK HAVEN, PA 17745

### MEDICAL CERTIFICATE FORM

#### Customer or applicant:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

#### Afflicted person:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

RELATIONSHIP TO CUSTOMER / APPLICANT: \_\_\_\_\_

#### Anticipated length of affliction:

\_\_\_\_\_

#### Certifying physician, nurse practitioner or physician's assistant:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
OFFICE ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

MEDICAL PROFESSIONAL LICENSE NUMBER (OPTIONAL): \_\_\_\_\_

#### CITY OF LOCK HAVEN WATER & SEWER OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

ACCOUNT BALANCE ON DAY RECEIVED: \_\_\_\_\_

EXPIRATION OF THIS CERTIFICATE (RECEIVED DATE + ANTICIPATED LENGTH ABOVE)