

MEDICAL ESSENTIAL SERVICE CUSTOMER



At the City of Starke, we know that electric service is important to all our customers. For those individuals with a medical condition that requires the use of life-sustaining equipment, reliable power is a vital necessity. That's why we've established the MEDICALLY ESSENTIAL SERVICE to provide special consideration for their accounts.

If any member of your household requires medical essential equipment in your home and you choose to be on our critical needs list, please sign the attached form and have a qualified physician fill out the designated area as well. By doing so, you will enable City of Starke to better serve you. The completed form must be received in our office in order to ensure your account is placed on our updated critical needs list. Your account will not be placed on the updated critical needs list if our office does not receive your completed form. While we are sympathetic with your situation, we simply cannot guarantee uninterrupted utility service or priority in the restoration of service. Nor does this prevent the interruption of services due to non-payment of your utility account. It is imperative that you establish a backup plan of action for your specific needs. This could include the purchase of backup generating equipment or a plan to move the affected party to another location until the problem is corrected. The City of Starke ASSUMES NO LIABILITY in the event you should be without utility service. We, City of Starke, hope you never experience a loss of utility services, whether scheduled or unscheduled. If you do experience unexpected loss of utility service, please contact City of Starke at 904-964-5027 or after hours at 904-966-6161. It will be your responsibility to notify any other required emergency support services necessary for the life safety of the individual.

As a reminder, the utility bill is due by the 21st of each month. Your utility bill becomes delinquent by the 28th of said month. After the 29th of said month, the medical essential customer will receive a **24 hour** notice before service is interrupted. A written notification will be placed at the residence advising the Medically Essential Service Customer of the scheduled disconnection date. If the delinquent utility bill is not paid in full within the 24 hour period, service will be interrupted for non-pay. **Please note that your Medical Essential status is only good for 1 year and must be renewed each year to continue this service.**

Our office should be notified of any change in the situation listed on the attached form in order to update our files any time service opens or closes in your name. If having read the above information you are requesting your account to be noted as being “**Medical Essential**”, and agree to the terms stated, please sign and date the attached form. Your physician will need to complete and sign the section on the attached form. Failure to return the attached form completed will void this request. Your signature also authorizes City of Starke to discuss your utility account; including critical needs account status, if necessary with the appropriate physician(s), medical staff and/or agencies involving utility assistance. Please keep this page for your records.



MEDICAL ESSENTIAL/EQUIPMENT INFORMATION

To be completed and signed by account holder

I understand that the City of Starke cannot guarantee uninterrupted utility service or priority in restoration. I also understand that this does not prevent the interruption of service due to non-payment and that I am responsible for emergency planning and support services for the patient residing at this location.

***Please note that your Medical Essential status is only good for 1 year and must be renewed each year to continue this service.

Account Holder Name: _____ Telephone: _____

Address: _____ Acct#: _____

Patient Name (If different from above): _____ Patient Date of Birth: _____

By signing this form you agree that you have read and understand the terms stated on the previous page and authorize the City of Starke to discuss your utility account, if necessary with the appropriate physician(s), medical staff and /or agencies involving assistance.

Account Holder Signature: _____ Date: _____

To be completed by Physician

Does the following individual have a medical necessity for life-sustaining equipment and could suffer life threatening conditions if without electricity. Yes No

Please select the type of equipment that the patient requires.

Kidney Dialysis _____ Continuous Ventilator _____ Oxygen Concentrator _____

Respirator: IBBP _____ Mist _____ Other (please describe): _____

_____ Physician's name (printed):

_____ License or Certification#: _____

Physician's Address: _____ Telephone: _____

Physician's signature: _____ Date: _____

Please return this form, signed and completed by you and your Physician,

in person, by mail, email or fax to:

City of Starke
P. O. Drawer
209 N Thompson Street
Starke, FL 32091

Customerservice@cityofstarke.org

Phone: (904) 964-5027 : Fax (904) 964-3998