



# TOWN OF BARGERSVILLE

PO Box 420 – Bargersville, IN 46106

Phone: (317) 422-5115 – Fax (317) 422-5117

[www.townofbargersville.org](http://www.townofbargersville.org) - [support@townofbargersville.org](mailto:support@townofbargersville.org)

**POWER & LIGHT – WATER WORKS - SANITATION DEPARTMENT – STORM WATER**

## MEDICAL STATEMENT – LIFE SUPPORT EQUIPMENT

Please print or type the following information:

Date: \_\_\_\_\_

<u>Physician Certification</u>	Date life support added: _____
I certify that my patient _____ <small style="text-align: center;">Patient's Name</small>	
living at _____ <small style="text-align: center;">Patient's Address</small>	
must use the following life support system(s) _____ <small style="text-align: center;">Name of Life Support System(s)</small>	
from now until _____ <small style="text-align: center;">Designated period of time up to one (1) year</small>	
I certify that the continuous operation of this equipment is medically necessary to support the life of this patient.	
Physician's Signature: _____	Date: _____
Name (Printed): _____	Phone: (____) _____
Address: _____	City: _____ State _____ ZIP: _____
Email: _____	

### Bargersville Utility Customer Information

Utility Account #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Utility Customer Name: _____	Relationship to Patient: _____
Address: _____	City: _____ State _____ ZIP: _____
Utility Customer Phone: (____) _____	Patient Phone: (____) _____
Utility Customer Email: _____	Patient Email: _____
<p>The customer must furnish the Utility with a Medical Statement to avoid disconnection; refer to the Customer's Rights and Responsibilities, Section 6, paragraph D. The Medical Statement does not relieve the customer of the responsibility for paying all amounts due for Utility service(s) on the bill each month.</p>	
<p>By signing below, I verify the above information is correct to the best of my knowledge and agree that it is my responsibility to notify the Utility of any changes and to update the Life Support statement each year as needed.</p>	
_____ <small>Utility Customer's Signature</small>	_____ <small>Date</small>

Return form to Bargersville Utility:

Office Location: 24 North Main St. Bargersville, IN 46106	Mail: PO Box 420 Bargersville, IN 46106	Fax: (317) 422-5117	Email: <a href="mailto:support@townofbargersville.org">support@townofbargersville.org</a>
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