

Medical Alert Program Request Form

Part 1: To be completed by Customer. Scan and email all documents to: YourOwnUtilities@talgov.com or fax to 850-891-0901.

Account Holder Full Name

Utilities Account Number

Phone Number 1 Home Cell Business

Phone Number 2 Home Cell Business

Name of Person Requiring Medical Status
(If Different From Above)

Date of Birth

Service Address

Service Address Line #2

Mailing Address (If Different From Above)

Mailing Address Line #2

Email Address

Emergency Contact Person

Emergency Contact Phone Number

Part 2: To be completed by Physician

The specified individual has a medical necessity requiring the life-sustaining electrical equipment listed below.

Qualifying Equipment (Check All That Apply)

- Oxygen Concentrator
- Heart Monitor
- Dialysis (in home)
- Feeding Pump
- Other:

Reason for use of Equipment

By signing below you are verifying that the customer listed above is dependent on electric-powered equipment that must be operated continuously or as circumstances require as specified to avoid:

- the loss of life or
- serious medical complications requiring immediate hospitalization.

False certification of medically essential service is a violation of F.S. 458.331(1)(h) or F.S. 459.015 (1)(i). It is understood that the medically essential service will be re-certified once every 12 months. At such time as the life-sustaining equipment is no longer deemed necessary, the City of Tallahassee Utility Customer Services Department should be notified by phone at 850-891-4968, by mail at Medical Alert Program 408 N. Adams St. Tallahassee, FL 32301 or by fax at 850-891-0901.

Physicians Name (Please Print)

Physicians Signature

Date

This contract made and entered into as of the date appearing on the reverse hereof for and in consideration of utility service furnished to the applicant and monies paid to City by said applicant.

Definitions: "Applicant" - person applying for services on reverse hereof. "City" - City of Tallahassee.

1. City agrees to furnish available utilities to applicant at address stated herein and applicant agrees to take City utilities as available.
2. Applicant agrees to pay for utilities furnished according to the now existing rate schedule or any rate schedule to become existent in the future.
3. Applicant agrees to conform and abide by all City ordinances dealing with utilities (Chapter 21 Tallahassee Code).
4. Applicant understands and agrees that in the event he or she receives utility services above deposit, City may require additional deposit, also when service is discontinued by either applicant or City and deposit is not adequate to pay for services furnished that applicant is justly indebted to City for excess or in case refund is in order same will be made in due course to applicant.
5. Applicant understands and agrees that providing there is an unpaid balance due on my, or our, account for utility service at any other connection it may be transferred to this connection for immediate payment.
6. Agents signing this application on behalf of principals hereby agree to be jointly and severally liable with their principals under the terms of this contract.
7. Applicant hereby agrees to pay the City's costs of collection, as often as such costs may be incurred, of any amounts which may become payable to the City for utility services but which are not paid when due. Such costs shall include, but not be limited to, fees charged by a collection agency, attorney's fees, and court costs.
8. City collects your Social Security Number for the following purposes: classification of accounts; customer identification and verification; customer billing and payment; creditworthiness; and other lawful purposes necessary in the conduct of City business (Section 119.071(5), Florida Statutes).
9. City may release your SSN to commercial entities as required by law (Section 199.071(5), Florida Statutes).