



Application for Medical Alert Customer Status

I certify that I have, or someone in my household has a medical need for water. This condition is certified by a licensed physician practicing in the State of Georgia. I understand that it is my responsibility to pay any outstanding bills to NCWSA and failure to do so may result in disconnection of services. I also understand that water served to my residence is subject to unscheduled interruptions and that it is my responsibility to report them to NCWSA. I further understand that if payment has not been made once the twenty-four-hour grace period has ended, The Authority may place a flow restrictive device on the service, which will limit the amount of flow accessible to my home. This device will remain on the meter until the account has been paid current. Failure to make sufficient payment could result in the termination of my account and the meter being locked.

Utility Account #

Street Address

Customer Name as shown on account.

Last four digits of SS#

**(For privacy of customer information, the Social Security numbers are used for verification when speaking to those involved.)*

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Print or Type Name of Person with MEDICAL NEED.

Signature of Guardian to person or person with Medical Need.

Last four digits of THEIR SS#

Physician's Statement of Certification

**** Note to Physician: Please complete all spaces provided below and FAX to: 770-385-3966.**

I, _____ hereby certify the above reference patient/s is/are either:

____ (Non-life threatening illness)

____ (Life threatening.)

____ On a life support system (heart, lung, respirator, etc.) requiring the continuous use of water.

The medical condition associated with the above referenced patient(s) is true, accurate, and will continue for:

____ Temporary hold needed for _____ months.

____ One (1) year hold *(To be reviewed again 11 months from date of physicians signature.)*

Physician's Name.....PRINTED

Physician's Address

Physician's Signature

Physician's Telephone Number

Date signed: _____

****Note: This special service is subject to expiration one year after the date provided by the licensed physician. All Medial Alert Applications are reviewed annually.**