



# CITY OF TALLAHASSEE



## Medical Alert Certification

Utility Account Number: \_\_\_\_\_

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

Customer Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Name of Person Requiring  
Medical Alert Status: \_\_\_\_\_  
(if other than above)

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if different from service address)

Contact Person(s) In Case of  
Emergency: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Physician, Medical Supply  
Rental Co or Hospital Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Mailing Address For  
Person/Business Listed  
Above: \_\_\_\_\_

Type of Equipment: \_\_\_\_\_

Reason for Use: \_\_\_\_\_

Frequency of Use: \_\_\_\_\_

To be eligible for Life Support, a residential customer must have continuous and medically essential operating electric-powered medical equipment necessary to sustain life or avoid serious medical complications requiring hospitalization. A form is completed either by a medical doctor or a supply house for the electrical equipment, certifying that the equipment is life supporting and is in fact used continuously. 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 support equipment is no longer deemed necessary, the City of Tallahassee, Utility Customer Services Division will be notified at (850) 891-8028 or for TDD users (850) 891-8169 and Fax (850) 891-0901. Mail to 408 North Adams Street. Tallahassee, FL 32310

\_\_\_\_\_  
Authorizing Name (Please Print)

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Date