



**Customer Care Department**  
2791 East Point Street  
East Point, Georgia 30344  
(404) 270-7010 Office  
(404) 559-4438 Fax  
customer@eastpointcity.org-Email  
www.eastpointcity.org

## PHYSICIAN'S CERTIFICATION FORM

This document is provided for the City of East Point customers who depend on electric powered life-support equipment prescribed by a doctor. The customer must be pre-registered with written confirmation by his/her doctor for the need to sustain life on life-support equipment (i.e. - oxygen tank) to any member of the household. The City shall confirm the existence of the equipment by an inspection of the premises. The maximum time for a medical hold shall be sixty (60) days. This document will also need to be signed by the local Fire Department. This does not release you from responsibilities of payment on your account. If you have any questions, please feel free to contact our office at (404) 270-7010.

I certify that the continuous operation of life support equipment is medically necessary to support the life of this patient, \_\_\_\_\_

living at \_\_\_\_\_.

Physician's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Fire Department Signature: \_\_\_\_\_

---

### OFFICE USE ONLY

---

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

Name on the Account: \_\_\_\_\_

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

\_\_\_\_\_  
CSR Signature

\_\_\_\_\_  
Date

***Please return via mail or fax to:***

**City of East Point Customer Care Department  
2791 East Point St  
East Point City, GA 30344  
Fax (404) 559-4438**

#### Mission Statement

*To provide exceptional city services in the most professional, courteous, and effective manner  
to enhance the quality of life in the City of East Point.*