



Customer Care Department
2791 East Point Street
East Point, Georgia 30344
943-200-2030 Office
customer care@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 (943) 200-2030.

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: _____ - _____

CRS Signature

Date

Please return via mail or email to:

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2791 East Point St
East Point City, GA 30344
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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.*