



“Providing Water, Sewer, and Sanitation Services”

2806 Bryan Road / P.O. Drawer 1269

Van Buren, Arkansas 72957

479-474-5067 / Fax 479-471-8969

Van Buren Municipal Utilities

### **Certificate of Medical Need for Utility Service**

The Arkansas Public Service Commission requires utilities under its jurisdiction to honor physician’s certificates which attest to the fact that a utility customer or any permanent resident of the household has a serious medical condition. **(The Arkansas Public Service Commission does not regulate municipal utilities of a city, however; at this time, the Van Buren Municipal Utilities will honor a physician’s certificate.)** The certificate must clearly state that the suspension of utility service would give rise to a substantial risk of death or gravely impair the health of the customer or another permanent household resident.

A licensed physician or other health care professional providing health care services to the patient may notify the utility of the serious medical condition. The notice must be followed within 7 days by a certificate. The certificate is valid for up to 30 days and may be extended for one additional 30 day period by re-verification by the physician or health care professional prior to the expiration date of the first certificate. This re-verification requires that an additional certificate be submitted to the utility.

You are being asked to verify that the stated condition exists. This certificate allows the utility customer time to secure payment for utility service or to make alternate arrangements for care of the patient. Thank you for your cooperation.

The Van Buren Municipal Utilities does not guarantee uninterrupted water and/or sewer service. There may be service interruptions due to power outages, scheduled maintenance, breaks in mains, equipment failures, non-payments, and other circumstances beyond our control. It is not usually possible to provide prior notice of service interruption. In cases where the customer requires uninterrupted services for medical conditions or other purposes, it is recommended that the customer have a secure plan in place for an alternate supply of water or alternate arrangements for care of patient.



**Certificate of Medical Need for Utility Service**

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

VBMU ACCOUNT NO. \_\_\_\_\_

**I CERTIFY that loss of public water service would give rise to a substantial risk of death or gravely impair the health of**

\_\_\_\_\_ D.O.B. \_\_\_\_\_

who lives at: \_\_\_\_\_

The nature of the serious medical condition is \_\_\_\_\_

\_\_\_\_\_

List medical equipment requiring water service \_\_\_\_\_

\_\_\_\_\_

The effect of loss of water service would be \_\_\_\_\_

\_\_\_\_\_

Alternate plan/arrangements in place \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
PHYSICIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
Received by VBMU (NAME)

\_\_\_\_\_  
DATE