CITY OF GALLUP

Medical Note

THIS DOCUMENT IS NOT A PUBLIC RECORD. NO PUBLIC INSPECTION OR DUPLICATION IS AUTHORIZED.

Use this form to add a medical notation to your utility account. This will advise Customer Service that a resident at the listed address has a serious or chronic illness such that their health or life might be endangered by a discontinuance of utility services. This form must be filed prior to a claim of protection under City Ordinance C2011-2, and prior to November 15 in each subsequent year during which protection is claimed.

Please note: the submission of this form does NOT exempt the utility customer from payment of utility charges.

Customer Information

Customer First Name

Customer Last Name

Patient First Name (if different from customer)

Patient Last Name (if different from customer)

Service Address

Utility Account Number

I hereby request that the City of Gallup place a medical notation on my utility account. I declare under penalty of perjury that the patient listed above resides at the service address. I understand that this notation does not exempt me from responsibility for any utility charges incurred.

X

Customer Signature

Month Day Year

Practitioner Information

Patient Medical Condition: Please enter up to two ICD diagnostic codes

ICD Code

Description

ICD Code

Description

Doctor Name

Office Address

City

State

Zip or Postal Code

Contact Phone

I certify that I am a physician, physician's assistant, osteopathic physician, osteopathic physician's assistant, or certified nurse practitioner licensed in the State of New Mexico. I further certify that the above-named person is my patient and that the above-named person has a serious and/or chronic illness such that the discontinuance of utility services might endanger their health or life.

X

Physician/Practitioner Signature

Month Day Year

Office Use

Entered by:

Month Day Year

Revised June 2011