



North Central Electric Cooperative, Inc.
350 Stump Pike Rd. Telephone: (419) 426-3072
PO Box 475 (800) 426-3072
Attica, Ohio 44807-0475 Fax: (419) 426-1245

Website: www.ncelec.org
Email: nce@fesco-oh.org

Medical Certification Form

In accordance with the requirements of Ohio Law relating to electrical service, we respectfully request that the attending physician and/or authorized health official please complete and certify the following information and return to:

**NORTH CENTRAL ELECTRIC CO-OP INC.
P.O. BOX 475
ATTICA, OHIO 44807**

I hereby certify _____, a resident at
(Full name of patient)

_____, _____, _____
(Address) (City) (State)

Dependent upon a medical life-support system, apparatus or machine, in their place of residence.

A matter of life or death to keep electric on other than mentioned above.

The above mentioned patient is confined to said residence for the following period (_____). While receiving medical treatment and/or recovering from an illness.

All signed statements are effective for one year from date of signature.

Licensed Physician Signature

Date of Signature

Expiration Date

Account # _____