



THE VIRGIN ISLANDS WATER & POWER AUTHORITY MEDICAL CERTIFICATE FORM



INSTRUCTIONS: A new Medical Certificate must be legible and submitted annually for processing. Incomplete forms will not be considered. All information is required unless otherwise indicated. Once completed, please return the form to the Authority via email at customer.service@viwapa.vi or deliver to our St. Croix, St. Thomas or St. John Business Offices. A customer may provide a signed medical certificate to request a hold or postpone disconnection or restore utility service. For electrical service to remain on, this Certificate should be completed and returned to the V.I. Water and Power Authority prior to the disconnection of service. Once the Authority receives the completed Certificate signed by a licensed V.I. physician with the additional required information listed below, the Authority will suspend disconnection for at least sixty (60) days and services will be restored, where applicable. The customer may be charged a reconnection fee for service restoration due to disconnection for non-payment.

Providing the Certificate does not prevent disconnection indefinitely. You must take steps to resolve unpaid bills to avoid a service termination in the future. By submitting this form, I also understand that the Authority cannot guarantee uninterrupted and unexpected utility service and its my responsibility to maintain a backup system or alternate plan in the event of such loss.



TO BE COMPLETED BY CUSTOMER

Customer Name (Please print): _____

Account Number: _____

Best Contact No: _____ Service Address: _____

Patient Residing at Address: _____

Relationship to Customer: _____

I certify the above person/patient resides at my address and I agree to the terms of the Medical Certificate

Customer Signature: _____



TO BE COMPLETED BY PHYSICIAN

Physician Name (Please print): _____

Telephone Number: _____ Office Address: _____

I hereby certify that in my professional opinion the patient listed above uses life-supporting medical equipment and suffers an existing medical emergency that will be aggravated by the lack of utility services.

Signature of Physician

Date