

Medical Equipment Notification FormTo notify the utility of the use of life sustaining medical equipment in the home

Customer Information			
Customer information			The Medical Equipment Notification Program allows
Last Name	First N	ame	utility customers to notify the City of Roseville of the residential use of essential medical support
Home Address		Phone Number	equipment. This program allows the City to comply with the California Public Utility code 10010.
			Customers who meet the criteria for low income should
City State Zip			apply for the Medical Rate Assistance Program . Approved participants in the Medical Rate Assistance
Mailing Address if different than above			Program are automatically added to the Medical Equipment Notification Program.
Roseville Electric Utility Account Number			How to Apply
Agreement			1. Fill out customer information with the name and
Roseville Electric makes every effort to inform customers prior to outages for scheduled, planned maintenance. Unplanned maintenance or outages are uncommon in Roseville Electric's service area however; it is advisable to have an			address as it appears on the Roseville Electric utility account
emergency plan in place for	your heath needs in the eo your service. If an outag		Ask your physician to complete and sign the statement of certification on the back of this form.
I understand that if I become past due on my utility bill, my electric service is subject to disconnection. I understand that it is my responsibility to contact the City of Roseville Finance Department to discuss payment arrangements prior to the final due			3. Mail all required documents to:
date, as indicated in the Rer	ninder Notice.		City of Roseville
I understand the above information is subject to verification and I agree to provide			Finance Department
		out this verification. I understand en the person using the medical	311 Vemon St. Roseville CA. 95678
equipment either no longer			
By signing below, I declare under penalty of perjury that the information contain			For assistance please call the City of Roseville Finance Department at (916) 774-5300 or visit www.roseville.ca.us/Finance
on this application is true a	nd correct.		(do not include this application with bill payment)
			tuo not include this application with bill paymonty
Applicant Signature		Date	
Statement of Certificat	tion - to be completed	l by a Medical Doctor	
To be eligible for a rate discount, a patient must depend on an essential medical support device. Such a device is defined as any medical device requiring utility supplied electrical energy for its operation and which is regularly required to support the life of the person residing in a residential dwelling.			
In your opinion, does the equipement listed here meet this descrip			ription?YesNo
Patient Name		Doctor's Name Phone	
		Address City State Zip	
Type of equipment required		California Medical License Number	
Make Model		I hereby certify, under penalty of perjury, that this patient regularly requires the use of the listed life supporting medical equipment that is powered by electricity.	
Voltage Wattage		a mo supporting modical equipi	none and to portotion by dioditiony.
		ionature	Date