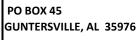
## Electric Board of Guntersville





## APPLICATION TO ELECTRIC BOARD OF GUNTERSVILLE FOR PLACEMENT ON MEDICAL HARDSHIP LIST

Customer Name:	Account Number:
customer name:	Account Number:
Service Address:	Phone Number:
Patient Name:	Alternate Contact Name/Number:
	CUSTOMER
agree that I am responsible for payment of utility	services to the Electric Board of Guntersville at the address shown above and that
his application for medical hardship is valid and no	t an attempt to delay or avoid payment for services provided. I hereby agree to
pay all billings promptly and acknowledge that this	application, if approved does not preclude the Electric Board's right to
disconnect electric service as spelled out in their se	vice policies if I fail to make proper payment arrangements. I understand
hat, if approved, this medical hardship application	approval will be valid for a period of one year. I acknowledge it is my
responsibility to renew the application at the time	of expiration. I also grant release to my physician's office to provide details
of my medical condition which I feel would qualify	ne to be added to the medical hardship list.
Customer Signature:	Date
	amed patient and confirm that complete termination of electric service e tollowing reasons:
Nature of Illness:  How will the lack of electricity affect this customer?  How long has condition existed?  How long is condition expected to last?	e TOIIOWINg reasons:
Nature of Illness:  How will the lack of electricity affect this customer?  How long has condition existed?  How long is condition expected to last?  Type of medical equipment prescribed requiring elections.	e TOIIOWINg reasons:
Nature of Illness:  How will the lack of electricity affect this customer?  How long has condition existed?  How long is condition expected to last?  Type of medical equipment prescribed requiring electors equipment have battery backup?	e TOIIOWINg reasons:
Nature of Illness:  How will the lack of electricity affect this customer?  How long has condition existed?  How long is condition expected to last?  Type of medical equipment prescribed requiring electrons  Does equipment have battery backup?	e TOIIOWING reasons:
Nature of Illness:  How will the lack of electricity affect this customer?  How long has condition existed?  How long is condition expected to last?  Type of medical equipment prescribed requiring electric equipment have battery backup?  Signed:  Print Name:	e tollowing reasons:  ttric power to operate:  Date:
would seriously enganger the patient's health for the Nature of Illness:  How will the lack of electricity affect this customer?  How long has condition existed?  How long is condition expected to last?  Type of medical equipment prescribed requiring electors equipment have battery backup?  Signed:  Print Name:	tric power to operate:  Date:  Title: