



This agreement must be completed by a qualified medical provider certifying that a customer of the Washington City Power Department, or a member of the customer’s household, has a medical condition that would be adversely affected if their electric service is disconnected for nonpayment of bills. This form must be renewed by the customer every 6 months (in January and July of each year) per Washington City Ordinance No. 2021-38. Completion of this form allows the Washington City Power Department to assist the customer in managing their electricity bills beyond what is normally allowed. This agreement **does not guarantee** that power won’t be interrupted from weather related outages, equipment failure or other circumstances outside of the Washington City Power Department’s control, or disconnection of service for nonpayment of bills. We recommend that one or more emergency plans be identified in case of loss of electrical service.

Customer Full Name: \_\_\_\_\_ Customer Account #: \_\_\_\_\_

Customer Address: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

By signing below, the above named customer agrees to the conditions set forth by City Ordinance 2021-38.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THE FOLLOWING IS TO BE COMPLETED BY A QUALIFIED MEDICAL PROVIDER:**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Relationship to Customer: \_\_\_\_\_

Check one box below and provide the required information. If electric service is not available due to nonpayment of electric bills, the patient will:

**Be inconvenienced and it will cause or aggravate a serious illness or infirmity, but their life will not be in immediate danger.**

Patient’s medical condition: \_\_\_\_\_ Duration of condition: \_\_\_\_\_

Type of medical equipment used: \_\_\_\_\_

**OR**

**Require immediate response from medical personnel to sustain life.**

Patient’s medical condition: \_\_\_\_\_ Duration of condition: \_\_\_\_\_

Type of medical equipment used: \_\_\_\_\_

I have completed the entire form to the best of my knowledge. I understand this will not guarantee uninterrupted electrical service and my patient will be responsible to make alternative arrangements in case of loss of electrical service.

Provider Name and Title: \_\_\_\_\_ NPI #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

Please mail or drop off the completed agreement to the **Washington City Utilities Office** at:

111 North 100 East - Washington City, UT 84780

**ORDINANCE NO. 2021-38**  
**AN ORDINANCE AMENDING A MEDICAL ALERT PROGRAM**  
**FOR UTILITY BILLING COLLECTIONS**

**WHEREAS** Washington City ("City") has conducted a review of the current Medical Alert Program for Utility Billing Collections within the City; and

**WHEREAS** the City has determined that it is necessary to to amend the Medical Alert Program for Utility Billing Collections; and


**WHEREAS** the City Council has reviewed this policy amendment and finds that it is in the best interest of the public and promotes the health, safety and welfare of the community.

**NOW THEREFORE, BE IT HEREBY ORDAINED** by the City Council of Washington City as follows:

1. Amendment. The City hereby amends the medical alert program shown on Exhibit A, which is attached hereto and incorporated herein.
2. Miscellaneous.
  - a. If any provision or clause of this ordinance or the application thereof to any person or entity or circumstance is held to be unconstitutional or otherwise invalid by any court of competent jurisdiction, such invalidity shall not affect other sections, provisions, clauses or applications hereof which can be implemented without the invilad provision(s), clause(s) or application(s) hereof, and to this end the provisions and clauses of this ordinance are declared to be severable.
  - b. This ordinance supersedes or repeals the provision(s) of any ordinance(s) or resolution(s) that is (are) inconsistent with the provisions of this ordinance.
  - c. This Ordinance shall take effect upon publication or posting.

**PASSED AND ORDERED POSTED** on this 25th day of August 2021.

ATTEST:

  
Tara Pentz, City Recorder



WASHINGTON CITY

  
Kenneth Neilson, Mayor

## **EXHIBIT A**

### **MEDICAL ALERT PROGRAM**

1. The customer has the responsibility of notifying the City if there is someone in his or her household who is either:

- a. Chronically or seriously ill; and
- b. On a life support system; and
- c. Medically requires uninterrupted electric service.

2. The customer must have a medical professional complete the required form advising of the above condition.

This form must be renewed by the customer on or before January 1st and July 1st of each year.

3. The customer has the responsibility to carefully handle their account so that service will not be interrupted for failure to pay.

With the medical alert designation, the City will make every reasonable effort to make contact with the customer before service is terminated.

Customers in the Medical Alert Program will be given a (30) thirty day notice prior to termination of service.

The notice will be sent by first-class mail to the mailing address that is on the account.

The notice period shall start with the date that is on the notice.

It is the responsibility of the customer to keep their contact information updated. If the customer has provided a valid telephone number, the City will also attempt to contact the customer by telephone prior to the disconnection of service. All attempts to contact the customer will be documented and kept on file.