



## Medical Request Form

St Lucie County Utilities  
2300 Virginia Ave  
Ft. Pierce Florida 34982  
Phone: 772-462-1150 Fax: 772-462-1153

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

### Account Information

Account No.: \_\_\_\_\_ - \_\_\_\_\_  
Name: \_\_\_\_\_  
Patient Name If Different: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Customer Service Department:

This letter is to certify that the above named patient is presently using water to sustain life or avoid serious medical complications. This letter does not guarantee water, nor does it relieve the customer of payment of their account balances. This letter allows notification by staff prior to an interruption of service for non-payment of utility bills. This letter must be renewed annually. Please arrange to have them put on your Medical List

Sincerely,

Physician's Signature: \_\_\_\_\_

### Physician Information

Physician's Name (Print) \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_