

This form must be filled out completely by your doctor and approved by the Village of Rantoul Customer Service Department in order to prevent electricity from being disconnected.

Name of Customer _____
Address _____
Account Number _____
Name of patient being treated _____
Service address of patient being treated _____
Type of Illness _____

How disconnection of electricity will aggravate this illness _____

Length of time not having electricity service will aggravate this illness _____

Name of Doctor _____
Hospital/Clinic _____
Address _____
Phone Number _____

I hereby verify that the above named person lives at this stated address. I further verify that this person is ill and is under my care and that disconnection of electricity would aggravate the existing illness.

Signed _____
Doctor Date

I understand that the electricity will not be disconnected for 30 days from this date. I further agree that in order to continue my electric service I must pay my past due in full within 30 days. If I do not pay my balance in full, I understand that my electricity will be disconnected. I also understand and agree that in order to continue this illness certificate, a new one must be filled out and signed by a doctor every 30 days. I hereby authorize the release of this information to the Village of Rantoul.

Signed _____
Customer Date