

MORA-SAN MIGUEL ELECTRIC COOPERATIVE, INC.  
SECOND REVISED SAMPLE FORM NO. 8  
CANCELLING FIRST REVISED SAMPLE FORMS NO. 8, 9, 10, 11 AND  
ORIGINAL SAMPLE FORM NO. 12

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**MEDICAL CERTIFICATION  
(VALID FOR 30 DAYS)**

**NOTE:** You must complete both parts of this Medical Certification Form and a Financial Certification Form to continue receiving utility service.

I, \_\_\_\_\_, hereby certify that I am the person responsible for the charges for utility service at \_\_\_\_\_ that a seriously or chronically ill person, \_\_\_\_\_ resides there and that I am financially unable to pay my bill at this time. **I understand that this certification does not relieve me of the responsibility to pay my bill,** and that I must reapply for financial certification every ninety (90) days. In addition, I understand that I must make arrangements for a written settlement agreement with Mora-San Miguel Electric Cooperative, Inc. In order to continue receiving utility service.

\_\_\_\_\_  
Customer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Customer's Telephone Number

I, \_\_\_\_\_, certify that I am a licensed physician, physician's assistant, osteopathic physician, osteopathic physician's assistant or certified nurse practitioner who holds license number \_\_\_\_\_ and that on \_\_\_\_\_ I examined \_\_\_\_\_ who I am informed resides at \_\_\_\_\_. Said person is seriously or chronically ill with \_\_\_\_\_. Discontinuance of utility service to the above residence might endanger said person's health or life during the recovery period. **This certification is valid for thirty (30) days.**

\_\_\_\_\_  
Signature of Medical Professional

\_\_\_\_\_  
Office Address and Telephone Number

[17.5.410.43 NMAC-N,12-17-01]