



**DOCTORS CERTIFICATION**

Dear Physician:

The Department of Public Utilities and Carriers defines a handicapped person or a serious illness in the following manner:

*“A person who has a physical or mental impairment which substantially limits one or more of such person’s major life activities, and which would ordinarily prove a serious hindrance to obtaining employment. This impairment is material, rather than slight, relatively static as distinguished from definitely active or rapidly progressive, and relatively permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.”*

*“An illness that is life-threatening or that will cause irreversible adverse consequences or that has a significant potential to become life threatening to human health.”*

The Hon. Brett P. Smiley  
Mayor  
Ricky Caruolo  
General Manager

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Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

Residing permanently at the above address has applied for special consideration under this regulation. If your patient qualifies, please sign below along with a description of the handicap as it pertains to the above Department of Public Utilities Regulation.

*The following is to be filled out by the doctor and updated once a year.*

Nature of illness/handicap: \_\_\_\_\_

Likely duration of illness (Please specify # of months or weeks): \_\_\_\_\_

Is recovery dependent on use of water? (Please circle one) Yes No

\*If yes, please explain how: \_\_\_\_\_

\_\_\_\_\_

Doctors Name (please print): \_\_\_\_\_

Doctor’s Signature: \_\_\_\_\_

Doctor’s Address: \_\_\_\_\_

Doctor’s Phone Number: \_\_\_\_\_

Customer’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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