Form 8: Serious and Chronic Illness/Utility Shut-Off Letter
(Form for Physician or Health Care Provider to Fill Out)

Name of doctor/health center
Address
Date

Utility company
Street Address
City, ST 00000

Attn: Customer Service Department
Re: ________________________________ (patient's name)
_______________________________ (patient's address)

To Whom It May Concern:

_______________________________ (patient's name) is a patient of mine. S/he is currently receiving treatment for ___________________________ (name of illness).

This patient's illness is serious and chronic in nature.

Sincerely,

(Signature of Physician, Nurse Practitioner, Physician’s Assistant or Board of Health official)

cc: Consumer Division
Dept. of Public Utilities
1 South Station
Boston, MA 02110