



The City of Raleigh

Utility Billing Services

By completing the form below, you are requesting to have your utility account reviewed for possible Medical Life Support qualification. This form must be submitted along with the Medical Life Support Application and supporting documentation from your Medical Provider.

Forward your completed form to:

City of Raleigh
Utility Billing Services
PO Box 590
Raleigh, NC 27602-0590

919.890.3245
UtilityBilling@raleighnc.gov

MEDICAL LIFE SUPPORT TERMS AND CONDITIONS

(PLEASE PRINT)

Certain medical conditions make it favorable to have continual access to the City of Raleigh Water and Sewer system. The Utility Billing Division has adopted a Medical Life Support policy, which offers eligible customers with certain medical qualifications to have additional notification prior to disconnection of their Utility services in cases of nonpayment and delinquency.

Upon receipt of this signed form, the completed application for Medical Life Support, and supporting documentation from your Medical Provider, the Utility Billing Division staff will review your case to determine eligibility. Several aspects may affect eligibility along with payment history, credit within the Billing system, and medical condition.

If eligibility is determined, you will be notified by a Utility Billing Division staff member. Your account will be updated to reflect Medical Life Support; and in the event of potential disconnection of your utility services for nonpayment, you will be provided additional prior notification.

If your services are interrupted due to nonpayment, the account balance will need to be paid in full prior to reconnection of services, and the Medical Life Support qualification will be removed from your account.

In order to maintain Medical Life Support eligibility each year, customers must submit a new signed Medical Life Support Terms and Conditions form, a new completed Medical Life Support Application, and updated supporting documentation from your Medical Provider annually.

Today's Date _____ Account Number _____

Service Address _____
Street Address City State Zip Code

Phone Number _____ Email _____

I understand that (1) I am obligated to pay my monthly Utility bill by the due date, and failure to make timely payments may result in interruption of service. (2) I am not guaranteed uninterrupted Utility service.

Customer's Signature _____

*Would you like your utility payments drafted from your bank account?
Enroll online at www.raleighnc.gov*

Access your utility account online at www.raleighnc.gov