



Certification of Medical Emergency

*To be Completed by an Authorized Medical Professional
Licensed Under: 32 M.R.S. Chapter 48, et seq. or 32 M.R.S.
Chapter 31, et seq.*

Please confirm that disconnection of electricity service poses a serious risk of harm due to the presence of a serious medical condition.

1) Customer Name:	
2) Account Number:	
3) Service Location:	
4) Date Notified:	

Completed by Authorized Medical Professional

INSTRUCTIONS: Please complete this section and fax the document to 207-629-2195 or email to 24hour@cmpco.com.

1) Name of person having the serious medical condition:
2) Address:
3) Specific reason why continued service is required:
4) Expected duration of medical condition:
5) Authorized Medical Professional's Name:
6) Office Address:
7) Telephone Number:

Authorized Medical Professional's Signature: Date:

Authorized Medical Professional's License #:

This medical emergency becomes effective for the time period specified above or 30 days, whichever is less. A medical emergency can be declared on an account no more than a total of 3 times in a 12 month period.

Signature Stamp of Authorized Medical Professional:

Your signature stamp represents your statement is true and that a serious medical condition exists, such that lack of electric service would pose a serious risk of harm to this individual.