

# MEDICAL CERTIFICATE



**GORDON'S CORNER WATER MUST RECEIVE THIS COMPLETED FORM  
WITHIN 30 BUSINESS DAYS. MAIL OR FAX TO: 732-946-9399**

27 Vanderburg Rd  
Marlboro, NJ 07746  
Attn: Customer Service  
Phone: 732-946-9333  
Fax: 732-946-9399

CUSTOMER/PATIENT INFORMATION		
Account Number	Patient's Name	
Customer of Record	Customer's Phone Number	Relationship to Customer of Record
Customer's Service Address		
City	State	Zip Code
<i>I hereby certify that the above information is correct and the patient is a permanent resident of the address listed above.</i>		
CUSTOMER'S SIGNATURE		DATE

ATTENDING PHYSICIAN'S INFORMATION	
A licensed physician or nurse practitioner should complete this section, only after the patient whose name appears hereon has been personally examined and you have determined that discontinuance of water service would aggravate the medical condition of the patient. If, in your opinion, this situation DOES NOT EXIST, DO NOT SIGN THIS FORM.	
Patient's Name	Patient's Relationship to Customer of Record
Physician's Name (Print)	
Physician's Office Address	
Office Phone Number	Fax Number
General Nature of Medical Emergency	
Estimated Duration of Condition To: _____ From: _____	
It is my professional opinion that because of the medical condition of the above-named patient, it would be especially dangerous to this person's health to have the water service discontinued within the next 30 days.	
PHYSICIAN'S SIGNATURE	DATE
This medical certificate is valid for the duration cited above or 60 days, whichever is less. The company, solely at its discretion, may require re-certification every 30 days.	

**TO BE COMPLETED BY GORDON'S CORNER  
WATER REPRESENTATIVE ONLY**

1ST CERTIFICATION

2ND CERTIFICATION

3RD CERTIFICATION