

Utility Questions Re: Requests for Use of Medical Note Requiring Commission Approval

Confirm customer name and address (both physical and mailing)

Confirm phone number

Confirm if customer is currently disconnected, or what is the disconnect window

Confirm what number medical note this request is for this calendar year

Prior medical note use:

- Dates of use this calendar year

- Prior years medical notes were used and how many per year

How much does customer owe:

- Current disconnect amount

- Total amount due

Payment history:

- What is the average bill amount monthly

- Date and amount of last payment

- Payment history for account

 - when payments made & amounts

 - payment arrangements-how many & if broken

- Agency/Outside source assistance payments

 - what agency/outside source, the amount and when

Is customer on any program offering lower rate/assistance to them? (If available through utility)