



Alameda Municipal Power Account # \_\_\_\_\_

**APPLICATION FOR MEDICAL DISCOUNT ALAMEDA MUNICIPAL POWER RIDER-MD MEDICAL DISCOUNT**

**PLEASE COMPLETE ALL SECTIONS AND PRINT LEGIBLY:**

CUSTOMER NAME (AS IT APPEARS ON THE BILL):			HOME PHONE:
LAST	FIRST	MIDDLE	
SERVICE ADDRESS:			WORK PHONE:
STREET		APT #	
NAME OF THE DISABLED OCCUPANT (IF DIFFERENT FROM CUSTOMER NAME):			RELATIONSHIP OF THE DISABLED OCCUPANT TO THE CUSTOMER:
LAST	FIRST	MIDDLE	

1. The disabled occupant is (please check one):

- Paraplegic, hemiplegic, quadriplegic requiring additional space heat/air conditioning
- Acquired Immune Deficiency Syndrome (AIDS) requiring additional space heat/air conditioning
- Multiple Sclerosis patient required additional space heat/air conditioning
- Scleroderma patient requiring additional space heating
- Other disability rendering occupant dependent upon a life support device <sup>1</sup>

Disability \_\_\_\_\_  
 Type of life support device \_\_\_\_\_ used for treating disability

2. Does the disabled occupant reside at the service address full-time year round?  Yes  No

3. Alameda Municipal Power requires certification by a doctor of medicine or osteopathy licensed to practice medicine in the State of California that a particular device is necessary to sustain the user's life, or that the resident or member of his/her household is a Multiple Sclerosis patient or is a paraplegic, hemiplegic, quadriplegic, or Acquired Immune Deficiency Syndrome (AIDS) patient. **CERTIFICATION MUST BE ON THE DOCTOR'S LETTERHEAD.**

*I the undersigned, as a customer of the Alameda Municipal Power, hereby claim eligibility for the application of rate discount provided under the AMP's Rate Rider-MD. I hereby grant right of access to my residence during regular business hours to AMP for verification of information given on this application. I understand that refusal of access for this purpose will be considered just cause for denial of the rate discount. I agree to notify AMP at the immediate termination of the use of the life support equipment or any medical apparatus change. I understand that to continue receiving the Medical Discount, I must re-qualify every two years, by submitting a new application and a new letter of doctor's certification*

*I have read and understand this application and AMP Rate Rider-MD and certify I meet the requirements specified. The information I have provided here is true and correct to the best of my knowledge. I understand that submission of this application does not guarantee uninterrupted electric service. Services may be interrupted as a result of unforeseen power outages or non-payment of bills.*

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup>. Life support device for the purpose of this rate discount, is defined as any medical device requiring utility-supplied energy for its operation that is regularly required to sustain the life of person or provide critical life functions. This includes, but is not limited to, iron lungs, hemodialysis machines, suction machines, electric nerve simulators, pressure pads and pumps, electrostatic and ultrasonic nebulizers, IPPB machines and motorized wheelchairs.