

# SPECIAL NEED REQUEST FORM

We are glad to assist with your special need for electricity due to life support equipment or medical needs. Please fill out the required information below and return this form to the City *with a copy of medical documentation* from your physician.

*\*\*\*\*We will make every effort to not interrupt service. However, if you need additional time to pay, please contact our customer service department to make arrangements @ 407-599-3220\*\*\*\**

I \_\_\_\_\_  
Customer Name (PLEASE PRINT)      Patient Name (PLEASE PRINT)  
Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Service Address

\_\_\_\_\_  
Phone Number

Emergency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Return completed form to:**

**City of Winter Park  
Utility Billing  
401 South Park Ave  
Winter Park, FL 32789**

For office use only:  
Customer Account # \_\_\_\_\_