



Medical Necessity Account – Member Certification

Member Name _____

Member Address _____

Patient Name _____

Member Telephone Number _____

Member's Account Number _____

I hereby certify that interruption of residential electric service to the above-referenced member of Santee Electric Cooperative, Inc. would be dangerous to the health of the member or a person residing in the member's household at the premises to which electric service is rendered.

Physician's Signature _____

Physician's Name (Please Print) _____

Physician's Address _____

Physician's Telephone Number _____

I understand that this certification will need to be updated every year.

Member's Signature _____

Today's Date _____

Note: This form is intended to assist Santee Electric Co-op in knowing where members with critical needs are located on our system. This form does not guarantee your power will be restored before others as there is a system required to restore electricity and certain areas may sustain more damage than others. When dangerous weather approaches, you are asked to take proper precautions to ensure your safety.