[Your Name]
[Your Address]
[Your City, State, Zip Code]
[Your Phone Number]
[Your Account Number]

[Date]

[Utility Company Name]
[Utility Company Address]
[City, State, Zip Code]

RE: Medical Hardship Certification for Life-Sustaining Equipment

To Whom It May Concern,

I am writing to formally notify you that I reside at the address listed above and rely on an electric wheelchair for essential daily mobility. This device requires frequent charging to function. Due to my medical condition, this equipment is a medical necessity and is considered life-sustaining for my independence and health.

I am requesting that my account be flagged for "Medical Hardship" or "Critical Care" status. I request that you provide:

- Advance notification of any planned power outages.
- Priority restoration of service in the event of an unplanned power failure.
- Exemption from service disconnection due to non-payment, as loss of power would result in a health crisis.

Attached to this letter is a certification form signed by my healthcare provider confirming my diagnosis and the medical necessity of this equipment.

Please update my account records immediately and send written confirmation of this status to my address.

Thank you for your prompt attention to this urgent matter.

Sincerely,

[Your Signature]

[Your Printed Name]