**Section 735.APPENDIX B Requirements to Avoid Shutoff of Service in the Event of Illness**

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| IF DISCONTINUANCE OF SERVICE WILL AGGRAVATE OR CREATE A MEDICAL EMERGENCY FOR A RESIDENT OF YOUR HOUSEHOLD, WE WILL NOT DISCONTINUE YOUR SERVICE. | | | | | | | | | |
| WHAT YOU MUST DO: | | | | | | | | | |
|  | YOU MUST CONTACT A PHYSICIAN OR LOCAL BOARD OF HEALTH. | | | | | | | | |
|  | THEY MUST CALL | (Utility Name) | | AT | | (Phone) | | RIGHT | |
|  | AWAY. THEY ALSO MUST SEND A WRITTEN CONFIRMATION, SIGNED BY A PHYSICAN, TO THE COMPANY WITHIN 5 DAYS WHICH CONTAINS THE FOLLOWING INFORMATION: | | | | | | | | |
|  | Name of the person. A statement that the person is a resident of the premises in question; the name, business address, and telephone number of the certifying physician; the nature of the illness; the period of time during which discontinuance of telephone utility service will aggravate the illness. | | | | | | | | |
| HOW LONG IS THE CERTIFICATION VALID? | | | | | | | | | |
|  | THE CERTIFICATION IS VALID FOR ONE MONTH. IT CAN ALSO BE RENEWED FOR ONE MONTH IF THE PHYSICAN WRITES TO THE COMPANY AGAIN. IF THE CERTIFICATION IS NOT RENEWED, YOU TELEPHONE SERVICE MAY BE DISCONTINUED AFTER THE FIRST MONTH. | | | | | | | | |
| FOR MORE INFORMATION CALL | | | (Utility Name) | | AT | | (Phone) | | OR CALL: |
| CONSUMER AFFAIRS DIVISION | | | | | | | | | |
| ILLINOIS COMMERCE COMMISION | | | | | | | | | |
| 217-782-2024 (Springfield) | | | | | | | | | |
| or | | | | | | | | | |
| 312-793-2887 (Chicago) | | | | | | | | | |