

Medical List Request



St Lucie County Utilities
2300 Virginia Ave
Ft. Pierce Florida 34982
Phone: 772-462-1150 Fax: 772-462-1153

Date: _____

Account Information

Account No.: _____ - _____

Name: _____

Patient Name If Different: _____

Address: _____

Phone: _____

Customer Service Department:

This letter is to certify that the above named patient is presently using water to sustain life or avoid serious medical complications. This letter does not guarantee water, nor does it relieve the customer of payment of their account balances. This letter allows notification by staff prior to an interruption of service for non-payment of utility bills. This letter must be renewed annually. Please arrange to have them put on your Medical List

Sincerely,

Physician's Signature: _____

Physician Information

Physician's Name (Print) _____

Address: _____

Phone Number: _____