Judith Tompson Nine Lancelot Court, Apt. 8 Salem, New Hampshire 03079



19 June 2018

FAX & STANDARD MAIL

Liberty Utilities P.O. Box 1380 Londonderry, NH 03050

Fax: (603) 386-6280

To whom it may Concern:

I received notice that the current physician medical certificate on my account, due to a debilitating and chronic physiological medical condition, has expired. Your office notified me of the expiration one (1) day **after** expiration with no re-certification sent to me by your office prior to expiration.

Please be advised that the medical condition is a permanent condition. Liberty Utilities has failed to mail me the "Re-Certification" information in order for my physician to complete the form and fax to your office. **The certificate** would <u>not</u> have expired had Liberty Utilities timely mailed the re-certification to me. At this time, I request the re-certification information.

As you are aware, an electric service disconnection would be devastating to me; which will affect my necessary electric service and well-being. Any electric service disconnection, as a medically necessary service, will affect my safety as the sole, disabled, residential occupant living on the premises.

I ask that the re-certification medical emergency protection certificate material and/or application be mailed to me as soon as possible, so I may complete the form, and forward it to my physician so he can fax it to your office. Thank you for your time regarding this urgent medical matter.

Sincerely,

Judith Tompson

<u>cc</u>:

NH AG PUC

AA