LIFE SUPPORT APPLICATION

BurbankWaterAndPower.com | Customer Service: (818) 238 - 3700 | BWPCustomerService@burbankca.gov

Life Support Offers Customers that Require the use of Life Support Equipment an Exemption from the Utility User's Tax

Step 1: Provide Your Personal Information

Applicant's Name:

Address: City: State: Zip:

Social Security Number: Drivers License Number: State:

Phone: ( ) BWP Account Number:

Name on BWP Account (only if different than Applicant):

Step 2: Please Tell Us About Your Household

List all Household Members:

Household Member Name	Social Security Number	Relationship to Applicant	Date of Birth (Month/Day/Year)
		Self	

Step 3: Read and Accept the Life Support Program Terms and Conditions

DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

As a customer of Burbank Water and Power (BWP), I hereby claim eligibility and make application for the Life Support program. The device(s) described on this form are used in my home and are an essential life support unit powered by energy supplied by BWP. A new application must be completed when there is a change of address, change in the number of members in the household, change in household income, and/or once every two years when an update is due. I hereby grant right of access to my residence during regular business hours to BWP employees for verification of information given on this application. I understand that refusal of access for this purpose as well as refusal to provide all documentation requested will be considered just cause for denial of Life Support rate assistance. I agree to notify BWP at the immediate termination of use of the Life Support equipment. I understand if my account becomes delinquent I will be subject to the collection process up to and including disconnection of services.

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DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION (continued)

I hereby authorize BWP to contact my doctor to release pertinent information relating to my medical history, diagnosis, Life Support equipment, tolerance time, and any medical information necessary to update my Life Support status. While applying for rate assistance with BWP, I understand that prior to, or at any time after the acceptance of my application, an ID validation and a credit check with a soft hit (that will not affect my credit) may be completed. I understand that any Consumer Report or Investigative Consumer Report requested would be used strictly for permissible purposes due to a legitimate business need for the information in connection with the application for the rate assistance with BWP initiated by you. I understand, to be considered, I must authorize the procurement of such Report(s). A photographic or faxed copy of this form shall be as valid as the original.

Note: BWP makes every effort to prevent interruption of service. However, power outages may be caused by unforeseen circumstances and continuous service cannot be guaranteed. It is recommended that customers using Life Support equipment acquire back-up systems and make plans appropriate for their circumstances.

WARNING! Title 18, Section 1001 of the United States code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

BWP reserves the right to back bill an applicant if they are found to have committed fraud with respect to the information provided on this application.

I understand that it is my responsibility to have battery back-up for the life support equipment in my home.

I do hereby swear and attest that all information contained in this application about me or my household members is true and correct.

Applicant Signature: _____ Date: _____

Application Prepared By: _____ Relationship to Applicant: _____

Signature: _____ Phone: ( ) _____

Step 4: Please Have Your Doctor Complete the Statement of Certification on Page 3

Step 5: Submit Your Life Support Application via Email, Mail, Fax or Drop Off in Person

Email:
BWPCustomerService@burbankca.gov
Please use "Life Support Application" in the subject line.

Mail:
Burbank Water and Power
P.O. Box 631
Burbank, CA 91503-0631

Fax:
(818) 238-3715

Drop Off:
Burbank Water and Power
164 W. Magnolia
Burbank, CA 91502-1720

LIFE SUPPORT - STATEMENT OF CERTIFICATION

Always There for You!

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If Someone in Your Home is Permanently Disabled, this Form Must Be Completed by their Physician who is Licensed to Practice Medicine in the State of California

Step 1: Please Tell Us About Your Patient

Patient Name: _____

Patient's Diagnosis (Please do not abbreviate): _____

_____

Is your patient permanently disabled? ☐ Yes ☐ No

Does your patient's diagnosis prevent him/her from being gainfully employed? ☐ Yes ☐ No

Does your patient require the use of Life Support equipment in the home? ☐ Yes ☐ No

If patient uses Life Support equipment, please provide details for the **ALL** equipment below:

Medical Equipment	**Manufacturer** (Do Not Abbreviate)	**Required Hours Per Day**	**Equipment Use** (Check One)
			☐ Constant ☐ Intermittent
			☐ Constant ☐ Intermittent
			☐ Constant ☐ Intermittent

In your opinion, is the equipment described above necessary to maintain life? ☐ Yes ☐ No

Does your patient have back-up battery power for their personal needs? ☐ Yes ☐ No

If No, please discuss back-up battery needs with your patient.

Step 2: Please Provide Your Practice Information

Doctor's Name: _____

CA License Number: _____ Phone: ( )

Address: _____ City: State: Zip:

I hereby certify that the above information is true and accurate as of the date signed.

Doctor's Signature: _____ Date: _____

Step 3: Please Return Completed Statement of Certification to Your Patient