



*The City of Raleigh*

### Utility Billing Services

By completing the form below, you are requesting to have your utility account reviewed for possible Medical Life Support qualification. This application must be submitted along with the Medical Life Support Terms and Conditions form and supporting documentation from your Medical Provider.

**Forward your completed application to:**

City of Raleigh  
Utility Billing Services  
PO Box 590  
Raleigh, NC 27602-0590  
  
919.890.3245  
UtilityBilling@raleighnc.gov

## MEDICAL LIFE SUPPORT APPLICATION

(PLEASE PRINT)

Today's Date \_\_\_\_\_ Account Number \_\_\_\_\_

Service Address \_\_\_\_\_  
*Street Address City State Zip Code*

Mailing Address \_\_\_\_\_  
*Street Address City State Zip Code*

Name \_\_\_\_\_  
*First Name Middle Name Last Name*

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

In order to comply with the FACT Act of 2003, we request that you provide us with your social security number which will be used for validating your identity and to prevent and mitigate ID theft/fraud. Water/sewer information is not public record.

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_

Spouse / Additional Contact \_\_\_\_\_

**If you do not own the property at this service address, please complete the following:**

Owner's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

*Did you know you can receive your utility bill electronically?  
Learn more at [www.raleighnc.gov](http://www.raleighnc.gov)*

**Access your utility account online at [www.raleighnc.gov](http://www.raleighnc.gov)**