

Application

South Dakota



South Dakota 30-day Medical Extension Request

I. Customer certification (To be completed by customer)

Account number _____ Contact phone _____

Customer name _____

Service address _____

City _____ State _____ ZIP _____

Patient name _____ Date of birth _____

(Patient must be a permanent resident of the household)

I certify that the termination of utility service would aggravate an existing medical emergency of the customer, a member of the customer's family, or other permanent resident of the premises where service is provided. Such extensions are limited to a single 30-day period.

II. Medical certification

Public Health/ Social Services Official/Physician, Physician Assistant, Nurse Practitioner signature required.

Please complete the following:

Name (printed in full) _____

Title _____

Address _____

City _____ State _____ ZIP _____

Phone number _____ Position _____

Physician, Nurse Practitioner, Physician Assistant Public Health Official Social Services Official

Certifier's signature _____ Date _____

If you have questions regarding this form, please call the Personal Account Representative Department of Xcel Energy at: 800.331.5262 weekdays 8:00 a.m. to 4:30 p.m. C.S.T.

Please return completed form to Xcel Energy.

Fax: 612.573.1700 (Preferred)

Or mail:

**Xcel Energy, Inc.
ATTN PAR DEPT
PO BOX 8
EAU CLAIRE WI 54702**