



Jae Wheeler EMC

Medical Priority List Application

- *This completed form must be accompanied by a letter from your doctor stating why you should be on the medical priority list.*
- *You must provide a new letter from your doctor each year to remain on this list.*

NAME _____

SERVICE ADDRESS _____

ACCOUNT NUMBER _____

METER NUMBER _____

PHONE NUMBER _____

PLEASE BRING THIS FORM AND YOUR DOCTOR'S
LETTER TO ONE OF OUR OFFICES OR MAIL TO:
JWEMC CUSTOMER SERVICE, P.O. BOX 460, TRINITY, AL 35673