**Serious Illness/Utility Shut-Off Letter**

Health Center: {{ users[0].business\_name }}

Address:{{users[0].address.line\_one()}}

{{users[0].address.line\_two()}}

Date: {{\_date}}

Utility Company: {{ other\_parties[0].business\_name }}

Address: {{other\_parties[0].address.line\_one}}

{{other\_parties[0].address.line\_two}}

Attn: Customer Service Department

Re: {{ plaintiffs[0].name.full }}

{{ plaintiffs[0].address() }}

{{ plaintiffs[0].account\_number }}(add utility account number, if available)

To Whom It May Concern:

I am a(n){{users[0].job\_title}} at {{ users[0].business\_name() }}, where I treat {{ plaintiffs[0].name.full }}.

{{ plaintiffs[0].name.full()}} suffers from {{ plaintiffs[0].illness }}. {{plaintiffs[0].name.first }} {{ plaintiffs[0].illness }}is a serious and chronic illness and requires continuous utility services for their health and well-being.

Sincerely,

{{ users[0].signature }}