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

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

Address: {{ users[0].address.block() }}

Date: {{\_date}}

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

Address: {{ other\_parties[0].address.block() }}

Attn: Customer Service Department

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

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

Account Number (if available): {{ plaintiffs[0].account\_number }}

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 }}. This is a serious and chronic illness and requires continuous utility services for their health and well-being.

Sincerely,

{{ users[0].signature }}{{ users[0].name.full() }}