**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

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

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

Account Number: {{ 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() }}, who suffers from {{ plaintiffs[0].illness }}. This is a serious and chronic illness and requires continuous utility services for their health and well-being. Pursuant to Massachusetts General Laws Chapter 164 §124A and 220 CMR 25.00, discontinuing utility service at this address would endanger the patient’s health and safety. {{ plaintiffs[0].name.full()}}has a serious or chronic illness within the meaning of these statutes, and I request that the utility company refrain from terminating service and extend all applicable medical protections under Massachusetts law.

If additional information is required, please contact my office at your convenience.

Sincerely,

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