



Decertification Form

In order for JEA to remove a medical alert, complete and sign Part C, Customer Application for Removal of the Medically Essential Account Designation. Return the completed form to JEA at the following address:

**JEA Customer Care Advocacy and Resolution Team
21 W. Church Street, CC-2
Jacksonville, FL 32202**

Part C FORM – REMOVAL of the MEDICALLY ESSENTIAL ACCOUNT DESIGNATION	
To be completed by the Customer	
JEA Account Number:	Customer’s Name:
Service Address:	
City:	Zip Code:
Daytime Phone Number with Area Code:	

The patient identified as medically dependent on electric-powered equipment is either

- a. No longer in need of such equipment; or,
- b. No longer resides at the service address listed above.

I agree to hold JEA harmless from any claim based on or related to the removal of the medical alert on the service address.

Customer’s Signature:	Date:
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