

## Medical Certificates for Residential Accounts

**Company Name:**

**Year Being Reported:**

**Filed By:**

**Date Submitted:**

**Phone:**

**Email:**

# of Med Certs/Renewals <b>Submitted</b> by Residential Customers in 2025	# of Residential Med Certs/Renewals <b>Accepted</b> by Utility in 2025
6	6