
CERTIFICATION OF SENIOR STATUS FOR REPAIR PRIORITY

THIS FORM IS TO BE COMPLETED BY THE CUSTOMER OR CUSTOMER'S AGENT

(Please Print)

This is to certify that _____ [SENIOR] is a resident of the following household and does not have alternative access to Emergency-911 service (example – does not have a cell phone or another telephone line in the household):

Street Address: _____

City, State, Zip: _____

Name of Telephone Customer/Account Holder (name on telephone account at this household): _____

Telephone Number at this household: _____

Senior's Age: _____

I hereby swear or affirm, and certify, that the person named above is 65 years of age or older, does not have alternative access to Emergency-911 service, and therefore requires 24-hour repair commitments on his or her telephone line.

Name of Person completing this form: _____

Relationship to Customer/Account Holder: _____

Address _____

Telephone Number _____

E-Mail Address (optional) _____

Signature _____ **Date** _____

This certificate is valid until such time the account is either closed or a billing name change is made to the account.

The completed form should be mailed to:

Maryland Repair Priority Program

P.O. Box 4846

Trenton, NJ 08650-4846