

THE STATE OF SOUTH CAROLINA)
)
COUNTY OF BERKELEY)

**CERTIFICATION OF
MEDICAL/PUBLIC HEALTH
EMERGENCY**

WHEREAS, pursuant to Ordinance 20-12-51, Sec. 56.1, Berkeley County may provide minimally necessary ingress and egress over non-County maintained roads when an emergency exists; upon request and certification by a licensed funeral director or licensed medical doctor; and,

WHEREAS, the Berkeley County Supervisor must approve said maintenance; and

WHEREAS, the County Engineer is required to furnish the County Supervisor, within five (5) working days after the work is done, a statement in writing showing the name of the patient/decedent, location of affected property, certified request by a licensed medical doctor or funeral director, and the materials, labor, and equipment used to repair the ingress/egress; and,

WHEREAS, this request is only good for one (1) event.

All applicable information must be completed

Requested Address: _____

Name of Patient/Decedent: _____

Medical Emergency (Doctor): _____

Date of Death (Funeral Director): _____

By my signature below, this ____ day of _____, 20____, I hereby certify that a medical or public health emergency exists at the above listed address and request that Berkeley County provide emergency ingress/egress to said property:

Signature of Witness

Signature of Doctor or Funeral Director

Witness Name

Doctor or Funeral Director Name

Phone or Email

Approved by: _____ Date: _____
County Supervisor (or authorized designee)