Courtesy Notice Benefit

SAWS Courtesy Notice Program offers residential customers with a medical necessity advance notice prior to interruption of service due to nonpayment. This program is intended to allow customers to contact SAWS so that payment and/or satisfactory payment arrangements can be made to avoid service interruption. Acceptance into the Courtesy Notice Benefit does not guarantee continuous water service.

For questions regarding the Courtesy Notice Benefit, please call 233-CARE (2273).

TO BE COMPLETED BY SAWS RESIDENTIAL ACCOUNT HOLDER

Account Holder Name: _____

Name of person for which water service is medically necessary: _____

Street Address: _____ **City, State, ZIP code:** _____

SAWS Account Number: _____ **Phone Number:** _____

Email Address: _____

I hereby authorize the release of any medical information pertinent for my qualification as a medical customer into the San Antonio Water System Courtesy Notice Benefit. By signing below, I acknowledge the accuracy and truth of the information provided. I also authorize a representative of the San Antonio Water System to contact the named physician below to verify any information provided on this application.

_____ _____

Signature of Patient or Legal Guardian **Date**

TO BE COMPLETED BY PHYSICIAN (please print legibly)

Please describe the medical condition of patient (named above), for which continued water service is necessary:

_____

Is patient bedridden? _____Yes _____ No

Is continuous water service necessary for any type of life sustaining equipment? _____Yes _____ No

If yes, please explain the type of equipment: _____

Is patient's condition temporary? _____Yes _____ No

If yes, estimated time period when condition would warrant the removal from this program: _____

If none of the above apply, describe why water is medically necessary for this customer:

_____

Office Address: _____ **City, State, ZIP code:** _____

Physician Name: _____ **Phone Number:** _____

_____ _____

Physician Signature **Date**