



SAN ANTONIO WATER SYSTEM

Courtesy Notice Benefit

Acceptance into the Courtesy Notice Benefit does not guarantee continuous water service. It only suspends disconnection of water service for a medical necessity 24-hours so that payment and/or payment arrangements can be made. For questions regarding the Courtesy Notice Benefit, please call 233-CARE (2273).

TO BE COMPLETED BY SAWS COMMERCIAL ACCOUNT HOLDER

Account Name: _____

SAWS Account Number: _____

Street Address: _____

City, State, Zip code: _____

Office Number: _____

Email Address: _____

Please describe the type of medical necessity for the above location, for which continued water service is necessary: _____

Please indicate the type of facility at this location: _____

Indicate the hours of operation at this facility? _____

Is continuous water service necessary for this type of facility? _____ yes _____ no

If yes, please explain the type of equipment used at this location: _____

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

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

I hereby authorize the release of any medical information pertinent for 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 above named to verify any information provided on this application.

Name of Authorized Personnel: _____

Signature of Authorized Personnel: _____ **Date:** _____