



Courtesy Notice Benefit

SAWS Courtesy Notice Program offers commercial 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 COMMERCIAL ACCOUNT HOLDER

Account Name: _____

SAWS Account Number: _____

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

Office Number: _____ **Email Address:** _____

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

Type of facility at this location: _____

Hours of operation: _____

Is continuous water service necessary for this type of facility? _____ Yes _____ No

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

If yes, indicate the estimated time period for facility to be enrolled in 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:** _____