



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 RESIDENTIAL ACCOUNT HOLDER

Account Holder Name: _____

Street Address: _____

City, State, Zip code: _____

SAWS Account Number: _____

Phone Number: _____

E-mail Address: _____

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

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 above named physician 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 above named patient, for which continued water service is necessary:

Is the patient bed-ridden? _____ 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 the patient's condition temporary? _____ yes _____ no

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

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

Office Address: _____

City, State, Zip code: _____ **Phone Number:** _____

Physician's Name: _____

Physician's Signature: _____