

EILEEN ACRES SERVICE CORPORATION

ORIGINAL FORM NO. 6

Page 1 of 3

TITLE OF FORM

MEDICAL CERTIFICATE

FOR **EFFECTIVE**  
**SERVICE** ON

OCT 1 1991

BY Case No. 2380  
APPROVED

New Mexico Public Service Commission

Advice Notice No. 3

Signature/Title

President

MEDICAL CERTIFICATE

Page 2 of 3

Your rights established by the Public Service Commission are shown on the final notice and attached to the final notice

TO BE SIGNED BY THE CUSTOMER AND THE MEDICAL PRACTITIONER:  
CERTIFICATE OF CUSTOMER:

I, \_\_\_\_\_, hereby state that I am responsible for payment of the sewer bill for sewer service at \_\_\_\_\_ in \_\_\_\_\_ and that I do not have the financial resources to pay the bill.

Signature \_\_\_\_\_ Date \_\_\_\_\_

CERTIFICATE OF MEDICAL PRACTITIONER:

I, \_\_\_\_\_, am a physician, osteopath, chiropractor, dentist or other practitioner of the healing arts as defined by the New Mexico statutes and I hereby certify that discontinuance of sewer service at the residence of \_\_\_\_\_ who resides at \_\_\_\_\_ in \_\_\_\_\_ might endanger his life.

Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: CONTINUANCE OF SEWER SERVICE UNDER THE ABOVE PROCEDURES DOES NOT RELIEVE YOU OF YOUR OBLIGATION TO PAY THE BILL

CERTIFICADO DEL CLIENTE:

Yo, \_\_\_\_\_, aqui indico que soy responsable de hacer pago por mi cuenta de servicio albanal en \_\_\_\_\_ y que no tengo recursos financieros para pagar la cuenta:

Firma: \_\_\_\_\_ Fecha: \_\_\_\_\_

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CERTIFICADO DEL PRACTICO DE MEDICINA:

Yo, \_\_\_\_\_, soy um medio, ostipatico, quiropatico, dentista, u otro practico de las artes de curar como es definido por el Estantuto de Nuevo Mexico y aqui certifico que este tipo de discontinuacion de service en la residencia de \_\_\_\_\_ que vive en \_\_\_\_\_ en \_\_\_\_\_ puede poner en peligro la vida de la persona enferma.

Firma: \_\_\_\_\_

Fecha: \_\_\_\_\_

FAVOR DE NOTAR: CONTINUACION DE SERVICIO DEL ALBANAL EN CUANTO A ESTE PROCEDIMIENTO NO LE ALIVIA DE SU DEBER A PAGAR ESTA CUENTA

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