

NEW MEXICO WATER SERVICE COMPANY
INDIAN HILLS WATER SYSTEMS
ORIGINAL FORM NO. 9
CANCELING INDIAN HILLS WATERWORKS FORM NO. 3
MEDICAL CERTIFICATE

NEW MEXICO
PUBLIC REGULATION
COMMISSION
FILED

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MEDICAL CERTIFICATE

YOUR RIGHTS ESTABLISHED BY THE PUBLIC REGULATION COMMISSION ARE SHOWN ON THE
FINAL NOTICE AND THE ATTACHMENT TO THE FINAL NOTICE.

SUS DERECHOS ESTABLECIDOS POR LA COMISION DE REGULACION PUBLICA SE DEMUESTRAN
EN EL AVISO FINAL Y LA LISTA ACOMPAÑANDO EL AVISO FINAL

CUSTOMER CERTIFICATION	
I, _____, hereby state that I am responsible for payment of the water/sewer bill for	
service at _____	in _____
and that I do not have the financial resources to pay the bill.	
Signature: _____	Date: _____

MEDICAL CERTIFICATION	
I, _____, am a physician, physician assistant, osteopathic physician, osteopathic	
physician assistant, or nurse practitioner and I hereby certify that discontinuance of water/sewer service	
at the residence of _____	who resides
at _____	in _____
might endanger his/her life.	
Signature: _____	Date: _____

PLEASE NOTE: CONTINUANCE OF WATER/SEWER SERVICE UNDER THE ABOVE PROCEDURES
DOES NOT RELIEVE YOU OR YOUR OBLIGATION TO PAY THE BILL.

CERTIFICADO DEL CLIENTE	
Yo, _____, aqui indico que soy responsable de hacer pago por mi cuenta de	
servicio del agua/drenaje en _____	en _____
y que no tengo recursos financieros para pagar la cuenta.	
Firma: _____	Fecha: _____

CERTIFICACION MEDICA	
Yo, _____, soy un medico, medico asistente, ostiopatrico, ostiopatrico asistente,	
o enfermera practica y aqui certifico que este tipo de discontinuacion de servicio 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 AGUA/DRENAGE EN CUANTO A ESTE
PROCEDIMIENTO NO LO ALIVIA DE SU DEBER A PAGAR ESTA CUENTA.

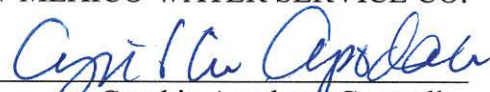
EFFECTIVE

APR 24 2015

REPLACED BY NMPRC

BY Final Order Case No. 13-00384-UT

ADVICE NOTICE NO. 3
NEW MEXICO WATER SERVICE CO.


Cynthia Apodaca, Controller