

2006 AUG 22 AM 8:19

**NEW MEXICO WATER SERVICE COMPANY
SANDIA KNOLLS AND JUAN THOMAS WATER SYSTEMS
ORIGINAL FORM NO. 9
CANCELING IUC FORM NO. 9
MEDICAL CERTIFICATE**

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 OF YOUR OBLIGATION TO PAY THE BILL.

CERTIFICADO DEL CLIENTE

Yo, _____, aquí 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, ostiopatico, ostiopatico asistente, o
enfermera practica y aquí certifico que este tipo de discontinuacion de servicio en la residencia de
_____ que vive 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.

**ADVICE NOTICE NO. 3
NEW MEXICO WATER SERVICE CO.**

Cynthia Geran
Cynthia Geran, Controller

SERVICE

FOR _____ ON _____

MAY 23 2006
05-00208
05-00305

BY _____

APPROVED
NEW MEXICO PUBLIC REGULATION COMMISSION