

NEW MEXICO WATERWORKS, INC.

ORIGINAL FORM NO. 6

TITLE OF FORM

MEDICAL CERTIFICATE

EFFECTIVE

FOR SERVICE ON

JAN 28 1992

BY E.O. Case No. 2347

APPROVED

New Mexico Public Service Commission

ADVICE NOTICE NO. 3

Signature/Title

Paul J. Lomen
President

MEDICAL CERTIFICATE

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 water bill for water service at _____ 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 water service at the above residence might endanger the person's life. The expected duration of this illness is _____ days.

Signature _____

Date _____

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

CERTIFICADO DEL CLIENTE:

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 descontinuation de service en la residencia de _____ puede poner en peligro la vida de la persona enferma.

Firma _____

Fecha: _____

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