

QUEMADO WATER WORKS

ORIGINAL FORM NO. 3

DOCTORS CERTIFICATION FORM

ADVICE NOTICE NO. 14

V. Can Delaria
VIDAL CANDELARIA, OWNER

EFFECTIVE

FOR SERVICE ON

OCT 10 1985

Operation of law
APPROVED
NEW MEXICO PUBLIC SERVICE COMMISSION

DOCTOR'S CERTIFICATION FORM

Date: _____

I, _____, certify that I am a practitioner of the healing arts as defined in Section 59-18-19 (B) (2), NMSA 1978 Comp., and that I am licensed as a _____ holding license number _____, and on _____ I examined _____ who, I am informed, resides at _____, _____, New Mexico. Said person is seriously ill with: _____

The expected duration of this illness is _____ days. Discontinuance of water service to the above residence might endanger the person's life during the duration of the illness.

Name: _____

Address: _____

City: _____ State: _____

Phone Number: _____

CERTIFICATION OF INABILITY TO PAY DEBT
DOCTOR'S CERTIFICATION FORM

Date: _____

I, _____, certify that I am the person responsible for the charges for water service to the residence located at _____, _____, New Mexico, and that a seriously ill person named _____ resides there, and that I am unable to pay the utility charges. I understand that this certification does not relieve me of the responsibility to pay these charges. Therefore I am prepared to enter into a settlement agreement with _____ Water Company commencing on: _____

Name: _____

Address: _____

City: _____ State: _____