

RIVER VALLEY VIEW WATER SYSTEM
ORIGINAL SAMPLE FORM 1
NOTICE OF INTENT TO DISCONTINUE WATER SERVICE

Certified Mail, return receipt requested

Date: _____

RIVER VALLEY VIEW WATER SYSTEM
611 Dalrymple Road
Las Cruces, New Mexico 88005
Telephone (505) 523-1234

TO: _____

We are writing to notify you that RIVER VALLEY VIEW WATER SYSTEM proposes to discontinue your water service for non-payment of utility charges. Your service will be discontinued unless you pay the amount due or make other arrangements with the Company concerning payment of the charges on or before _____.

The amount which you owe is \$ _____. The consumption period during which this debt was incurred was _____.
The last payment received from you was \$ _____, received on _____. If service is disconnected a reconnect fee of \$15.00 will be charged. ✓

The person at the Company whom you should contact concerning payment or any other arrangements is Lester Nemesh, Manager. The address and telephone number are shown above. The Company may be reached from 9:00 a.m. to 5:00 p.m., Monday through Friday.

If you have a genuine dispute over a portion of your bill, please inform the Company immediately. You must pay that portion of the bill which is not in dispute. The Company will be happy to review that portion of the bill which you do dispute. If the dispute cannot be resolved, you have the right to file a complaint with the New Mexico Public Service Commission (phone: 1-827-6940, Santa Fe, New Mexico) in accordance with its Second Revised General Order No. 1 and General Order No. 42.

We will not discontinue service if a seriously ill person resides in the service location if you provide a certificate from a doctor or other health practitioner at least two days prior to the above

EFFECTIVE
FOR SERVICE ON

MAY 18 1985

BY _____
APPROVED
NEW MEXICO PUBLIC SERVICE COMMISSION

ADVICE NOTICE NO. 9

SIGNATURE/TITLE

Charlotte Hetherington
Charlotte Hetherington
Simons, Cuddy & Friedman
Attorneys for River Valley View Water System

If there is a person, organization, or governmental agency which is ready, willing and able to assist you in payment of utility bills, please notify us before the above date. Please indicate the name, address, telephone number and relationship of the person or organization which you identify. We will contact them to see if they will assist in payment of your bill.

If you are unable to pay all or some of this past-due amount, we will attempt to arrange a deferred payment plan if you have not been chronically delinquent in the past. In order to arrange such a plan, you must contact us on or before the above discontinuance date.

Very truly yours,

FOR SERVICE

MAY 18 1985

[illegible]

DATE: _____