

RIVER VALLEY VIEW WATER SYSTEM
ORIGINAL SAMPLE FORM 4
CERTIFICATE OF SERIOUS ILLNESS

I, the undersigned, hereby certify that on _____ (date)
I personally examined _____ (name of patient)
who resides at _____ (street address, rural
route, city or town), New Mexico. _____ (name of
patient) is seriously ill with _____. Discontin-
uance of water service would seriously endanger the life of this
patient for the following reasons:

The expected duration of the above illness or condition is _____
_____.

I further certify that I am a licensed practitioner of the healing
arts as defined in Section 59-18-19B(2) of the New Mexico Statutes.

Name of Practitioner

Signature of Practitioner

Practitioner's Address

Practitioner's Telephone Number

EFFECTIVE

FOR _____ ON

MAY 18 1985

BY _____

APPROVED
NEW MEXICO PUBLIC SERVICE COMMISSION

ADVICE NOTICE NO. 9

SIGNATURE/TITLE

Charlotte Hetherington
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ley View Water System