

# SAN ANTONIO WATER SYSTEM

Courtesy Notice Program



**IMPORTANT NOTICE:** Acceptance into the Courtesy Notice Program does not guarantee continuous water service. This program only extends disconnection of water service 24 hours so that payment and/or payment arrangements can be made.

## TO BE COMPLETED BY SAWS CUSTOMER

Last Name	First	Account#
Street Address		
City	State	ZIP
Phone	E-mail Address	
Name of person for which water service is medically necessary: _____		
How is this person related to SAWS account holder: _____		
Physician Name	Physician Phone	
Authorization: I hereby authorize any release of any medical information pertinent to my qualifying as a medical customer with the San Antonio Water System. By signing below, applicant acknowledges the accuracy and truth of the information provided. I also authorize a representative of the San Antonio Water System to contact the above named physician to verify any information provided on this application.		
Signature of Patient or Legal Guardian: _____ Date: _____		

## TO BE COMPLETED BY PHYSICIAN (PLEASE PRINT LEGIBLY)

Please describe the medical condition of above named patient, for which continued water service is necessary:	
Is the patient bed-ridden? _____ yes _____ no	
Is continuous water service necessary for any type of life sustaining equipment? _____ yes _____ no	
If yes, please explain the type of equipment: _____	
Is the patient's condition temporary? _____ yes _____ no	
If yes, estimated time period when condition would warrant the removal from this program: _____	
Additional comments: _____ _____	
Physician's Name (please print)	Signature
Office Address	
City, State, Zip	Date
<b>PLEASE MAIL TO: SAWS, AFFORDABILITY, 2800 US HWY 281 N, SAN ANTONIO, TEXAS 78212 OR FAX 210-233-4882</b>	
<b>TO BE COMPLETED BY AFFORDABILITY PROGRAM ADMINISTRATOR – SAN ANTONIO WATER SYSTEM</b>	
APPROVED _____ DENIED _____ BY: _____ DATE: _____	