

DATE	ACCOUNT NUMBER	
	empts to maintain a record of customers who ha restore water service to such customers as soon a	
	s defined as a person who has been prescribed f Osteopathy, a water device and /or equipme	
	Life Support Dependent Customers should comp portion and mail it to Fort Worth Water, PO Box sician's signature.	
TO BE CO	MPLETED BY WATER CU	USTOMER
NAME_		
CUSTOMER'S ON-SITE BACK-UP CA	APABILITIES OR OTHER ALTERNATIVE	S FOR LOSS OF NORMAL WATER
SERVICE:		
CUSTOMER'S PRINTED NAME	SIGNATURE	DATE
HOME PHONE NUMBER	WORK PHONE NUMBER	CELL PHONE NUMBER
TO B	E COMPLETED BY PHYSI	CIAN
DESCRIPTION OF ILLNESS:		
DESCRIPTION OF LIFE SUPPORT E	QUIPMENT:	
EXTENT OF TIME AND USE OF LIFE	E SUPPORT EQUIPMENT	
LIFE SUPPORT EQUIPMENT'S WAT	ER REQUIREMENTS	
OTHER INFORMATION OR COMME	ENTS	
PHYSICIAN SIGNATURE	PHONE NO.	DATE

Customer understands that he/she secures no special right to preferential service because the Fort Worth Water Utility has created a system to take into account customer's special needs. The Fort Worth Water Utility in no way guarantees uninterrupted service. This system simply allows for further extension on the customer's account and/or for pay plan arrangements. It is important that he/she make alternative arrangements in case of an interruption of normal water service. Please notify the Fort Worth Water Utility if/and when life support equipment is no longer needed.