



Date

Name
Address
City, State, Zip Code

Account number: Service Address:

Dear Customer

The City of Fort Worth Water Department attempts to maintain a record of customers who have medical equipment that requires the use of water. In order to facilitate the maintenance and restoration of water service to such customers as soon as the situation reasonably allows, the following information is required.

It is the responsibility of the customer to complete the top portion of the enclosed form; and the responsibility of your doctor to complete the bottom portion. Return the form in the enclosed self-addressed envelope within 7 business days of the date of this letter. It is very important that you also provide us with a current work and home phone number.

PLEASE NOTE THAT COMPLETION OF THIS FORM DOES NOT GUARANTEE UNINTERRUPTED SERVICE IN THE EVENT OF NON-PAYMENT OF WATER BILLS. ALSO, BE ADVISED THAT YOU SHOULD MAKE ALTERNATE ARRANGEMENTS IN THE EVENT OF AN INTERRUPTION OF YOUR WATER SERVICE.

If you have any questions, please do not hesitate to call a Senior Customer Service Representative at 817-392-4477.

Sincerely,

Customer Service Representative

CC: Noemi Arenas, Customer Services Supervisor
Micaela Knight, Customer Service Manager
Peggy Miller, Customer Relations Manager



LIFE SUPPORT DEPENDENT ON WATER

DATE _____ ACCOUNT NUMBER _____ - _____

The City of Fort Worth Water Utility attempts to maintain a record of customers who have medical equipment that requires the use of water. The purpose of this process is to restore water service to such customers as soon as the situation reasonably permits.

**** A life Support Dependent Customer is defined as a person who has been prescribed by a physician licensed by the State of Texas as a Medical Doctor or a Doctor of Osteopathy, a water device and /or equipment designated specifically to sustain that person's life.**

Persons having a need to be designated as Life Support Dependent Customers should complete the customer portion of this form and have their doctor complete the physician's portion and mail it to Fort Worth Water, PO Box 870, Fort Worth, TX 76101. **This form will expire one year from the date of physician's signature.**

TO BE COMPLETED BY WATER CUSTOMER

NAME _____

ADDRESS _____

CUSTOMER'S ON-SITE BACK-UP CAPABILITIES OR OTHER ALTERNATIVES FOR LOSS OF NORMAL WATER SERVICE: _____

CUSTOMER'S PRINTED NAME

SIGNATURE

DATE

HOME PHONE NUMBER

WORK PHONE NUMBER

CELL PHONE NUMBER

TO BE COMPLETED BY PHYSICIAN

DESCRIPTION OF LIFE SUPPORT EQUIPMENT: _____

EXTENT OF TIME AND USE OF LIFE SUPPORT EQUIPMENT _____

LIFE SUPPORT EQUIPMENT'S WATER REQUIREMENTS _____

OTHER INFORMATION OR COMMENTS _____

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.