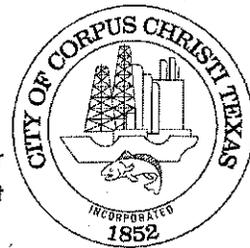


CITY OF CORPUS CHRISTI (CoCC)

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 CoCC 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 CoCC 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 CoCC. By signing below, applicant acknowledges the accuracy and truth of the information provided. I also authorize a representative of CoCC 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is continuous water service necessary for any type of life sustaining equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain the type of equipment: _____	
Is the patient's condition temporary? <input type="checkbox"/> Yes <input type="checkbox"/> 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
PLEASE MAIL TO: UBO RESOLUTION SUPERVISOR • CoCC • P.O. Box 9277 • CORPUS CHRISTI, TX 78469-9277 or FAX TO: 361-826-8279	

TO BE COMPLETED BY RESOLUTION SUPERVISOR – UTILITY BUSINESS OFFICE			
APPROVED _____	DENIED _____	BY: _____	DATE: _____