



156 S BROADWAY | TURLOCK CALIFORNIA 95380 | PHONE 209-668-5570 | FAX 209-668-5565

Medical Certification Letter

Date: _____

Patient Name: _____

Patient Address: _____

It is the policy of the City of Turlock not to terminate service for nonpayment upon the receipt of written certification of a licensed physician or surgeon that to do so will be life threatening to the customer.

This letter is to certify the above mentioned patient suffers from a condition that would result in a life threatening situation if water were to be terminated due to nonpayment. To avoid interruption of water service this letter must be received by the City of Turlock's Finance Office prior to termination.

It is the responsibility of the account holder to have this letter updated on an annual basis.

Medical Office Identification Stamp

(must be stamped in order to be valid)

Physician Signature: _____

Print Name: _____

Address: _____

Phone #: _____

For Office Use Only:

Date Received: _____ Acct Blocked: _____ Attached Doc: _____

Acct #: _____ Special Treatment: _____ Clerk Initials: _____