



156 S. BROADWAY, SUITE 114 | TURLOCK, CALIFORNIA 95380 | PHONE 209-668-5570 | FAX 209-668-5565  
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### Medical Certification Letter

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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: \_\_\_\_\_