



## CRITICAL CUSTOMER ANNUAL CERTIFICATION

DESIGNATION IS VALID FOR  
ONE YEAR AND MUST BE  
RECERTIFIED ANNUALLY

### SECTION I TO BE COMPLETED BY THE CUSTOMER OR THEIR REPRESENTATIVE

LAST NAME: FIRST: MI:

FACILITY NAME:

CUSTOMER  
ADDRESS

CUSTOMER  
ACCOUNT NUMBER:

CITY, STATE, ZIP

CUSTOMER  
NUMBER:

NAME OF PERSON  
COMPLETING FORM

HOME  
PHONE NUMBER:

RELATIONSHIP TO  
CUSTOMER

DAYTIME  
PHONE NUMBER:

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT AND THAT THE INDIVIDUAL OR FACILITY NAMED ABOVE RESIDES AT THE SERVICE ADDRESS SHOWN. I ALSO UNDERSTAND THAT ALTHOUGH BJWSA CANNOT GUARANTEE THAT THERE WILL BE NO DISRUPTION OF SERVICES, BJWSA IS COMMITTED TO MINIMIZING THE IMPACT ON THOSE WHO ARE DESIGNATED AS CRITICAL CUSTOMERS.

SIGNATURE

DATE

### SECTION II TO BE COMPLETED BY A LICENSED PHYSICIAN

I CERTIFY THAT I AM A LICENSED PHYSICIAN AND:

- IN MY PROFESSIONAL OPINION THE ABOVE NAMED INDIVIDUAL OR FACILITY POSSESSES A MEDICAL OR OPERATIONAL NEED THAT WOULD BE AGGRAVATED BY THE ABSENCE OF WATER.
- THE CONDITION IS PERMANENT OR TEMPORARY IN NATURE.

PRINTED NAME

OFFICE PHONE NUMBER

SIGNATURE

DATE

**THE DESIGNATION OF A CRITICAL CUSTOMER BY BJWSA DOES NOT RELIEVE ANY CUSTOMER THE RESPONSIBILITY TO MAKE PAYMENT FOR SERVICES RENDERED.**