



Tontitown Water Utility
Post Office Box 127
155 Fantinel Drive Suite D
Tontitown, AR 72770
PH: 479-361-2996, Fax: 501-421-8774

Medical Certification

Customer Certification

Customer's name: _____

Customer's address: _____

Phone (day): (____) _____ Phone (eve): (____) _____

Designated Emergency Contact:

Name : _____ Relationship: _____

Address: _____

Phone (day): (____) _____ Phone (eve): (____) _____

Type of equipment: _____

Location of equipment: _____

Does the customer have a back-up system? YES NO

What type of back-up system is available? _____

Back-up system time limit: _____

Expected duration of of medical condition: _____

By completing this certification I certify that the information provided herein is accurate to the best of my knowledge. Should my situation change or should I leave the residence I will promptly notify Tontitown Water Utility. I acknowledge that I understand that this certification does not relieve me of my responsibility to pay for utility services that are consumed at my address

Signature: _____ Date: _____

City Use Only

Account Number _____

Received By: _____ Date Received: _____