



CERTIFICATION OF PRIMARY CARE PROVIDER

GARDEN GROVE WATER FORM 998-A

ACCOUNT HOLDER INFORMATION

The section below to be filled out by the Residential Account Holder

ACCOUNT NUMBER	SERVICE ADDRESS
ACCOUNT HOLDER NAME	PERSON RECEIVING PRIMARY CARE
Date of bill requesting payment arrangement	Amount of bill requesting Payment Arrangement

ACCOUNT HOLDER CERTIFICATION

I, the account holder, certify under penalty of perjury that the above-named person receiving primary care resides at the service address.

Account Holder Signature

Print Name

Date

PRIMARY CARE PROVIDER CERTIFICATION

The section below to be filled out by Primary Care Provider

PATIENT NAME	NAME OF PRIMARY CARE PROVIDER
CLINIC NAME	CLINIC ADDRESS
CLINIC PHONE NUMBER	NATIONAL PROVIDER IDENTIFIER

PRIMARY CARE PROVIDER CERTIFICATION

I, the primary care provider, certify under penalty of perjury that I provide care to the above-named person and that discontinuation of water service to this person would pose a serious threat to his or her health and safety.

Primary Care Provider Signature

Print Name

Date

FOR OFFICE USE ONLY

DATE	RECEIVED BY	COMPLETE