



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
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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.**