CITY OF PITTSBURG
Water Department
65 Civic Avenue, Pittsburg, California 94565-3814
Telephone: (925) 252-4940

CERTIFICATION OF PRIMARY CARE PROVIDER

SERVICE ADDRESS: _____

WATER ACCOUNT NUMBER: _____

ACCOUNT CUSTOMER NAME: _____

PERSON RECEIVING PRIMARY CARE: _____

WHAT IS YOUR RELATIONSHIP WITH THE PERSON RECEIVING PRIMARY CARE:

_____

ACCOUNT HOLDER CERTIFICATION

I, the account holder, certify under penalty of perjury that the above-named person receiving primary care resides at this service location address. I understand this information must be re-certified annually.

Account Holder Signature: _____ **Date:** _____

PRIMARY CARE PROVIDER CERTIFICATION

The section below to be filled out by the Primary Care Provider

PATIENT NAME	
NAME OF PRIMARY CARE PROVIDER	
CLINIC NAME	CLINIC ADDRESS
CLINIC PHONE #	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/her health and safety.

Primary Care Provider Signature: _____ **Date:** _____

Physician Stamp: