FORM 998-A

Finance Department
1001 W Center St Suite D Manteca CA 95337
Phone (209) 456-8740 • **Fax** (209) 923-8930 • **Email** utilitystart@manteca.gov

Certification of Primary Care Provider

THIS SECTION TO BE FILLED OUT BY ACCOUNT HOLDER

Account Number

Service Address

Account Holder Name

Person Receiving Primary Care

Date of Bill seeking Payment Arrangement

Amount of Bill Seeking Payment Arrangement

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

Account Holder Phone Number

Account Holder Email Address

THIS SECTION TO BE FILLED OUT BY PRIMARY CARE PROVIDER

Name of Primary Care Provider

Name of Clinic or Medical Facility

Clinic Address

Clinic Phone Number

National Provider Identifier

Person Receiving Primary Care

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

Primary Care Provider Signature

THIS SECTION TO BE FILLED OUT BY CITY STAFF