



HEALTH AND SAFETY WATER ALLOTMENT LETTER

Primary Health Care Provider

Clinic Name

Clinic Street Address

City, State, Zip Code

Date

Santa Cruz Municipal Utilities
212 Locust St., Ste. D
Santa Cruz, CA 95060

Dear Santa Cruz Municipal Utilities,

This letter affirms that my patient, _____, has a health condition that requires additional water use. Please provide them the additional water allotment needed to address their health condition. I can be reached at _____ for questions regarding this letter.

Sincerely,

Primary Health Care Provider Signature