

**Form No. 16A**  
**San Gabriel Valley Water Company**  
**Los Angeles County Division**  
**Notice and Application for**  
**California Alternative Rates for Water (CARW) Program**  
(continued)

**APPLICATION INFORMATION (please type or print):**

Applicant's Name \_\_\_\_\_

I am a residential customer of San Gabriel Valley Water Company.  
San Gabriel Valley Water Company Account No. \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

Service Address \_\_\_\_\_

Mailing Address (if different from service address) \_\_\_\_\_

Telephone No. (home) \_\_\_\_\_ (work) \_\_\_\_\_

Number of People Living in Household \_\_\_\_\_

Gross Annual Income of Household \_\_\_\_\_

**Declaration and Self-Certification Statement:**

By signing below, I certify under penalty of perjury that this information is true and correct under the laws of the State of California. I agree to provide proof of income if asked. I agree to inform San Gabriel Valley Water Company if I no longer qualify to receive the discount. I know that if I receive a discount without qualifying for it, I may be required to pay back the discount I received.

Applicant's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**Please do not mail your payment with this application, as it will significantly delay payment processing.**

Please hand deliver your completed application to the local office or mail your application to:

P.O. Box 6010  
El Monte, CA 91734

**FOR SAN GABRIEL VALLEY WATER COMPANY USE ONLY**

Date Received: \_\_\_\_\_ Documentation Provided: \_\_\_\_\_

Date Verified: \_\_\_\_\_ Verified by: \_\_\_\_\_

Date Entered  
In System: \_\_\_\_\_

(To be inserted by utility)

*Issued by*

(To be inserted by Cal. P.U.C.)

Advice Letter No. 336

M. L. Whitehead

Date Filed \_\_\_\_\_

Decision No. 05-05-015

NAME

Effective \_\_\_\_\_

President

TITLE

Resolution No. \_\_\_\_\_