

Form No. 16B
Fontana Water Company 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 Fontana Water Company.

Fontana 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 Fontana 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 987
Fontana, CA 92334

FOR FONTANA 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. 337 _____

M. L. Whitehead _____

Date Filed _____

Decision No. 05-05-015 & 04-07-034

NAME

Effective _____

President _____

TITLE

Resolution No. _____