



Mail completed application to: California Water Service, Attn: Customer Service Department, 1720 North First Street, San Jose, CA 95112.

1 ORGANIZATION INFORMATION: (please type or print)

Name on Utility Bill _____

Name of Facility _____ (if different than on bill)

Service Address _____ City _____ CA ZIP Code _____

Mailing Address _____ City _____ CA ZIP Code _____ (if different)

Facility Contact _____ (who to contact if utility needs more information)

E-mail Address _____ (optional)

Daytime Phone [grid] Fax [grid]

2 FACILITY INFORMATION: (please type or print)

Please use a separate application for each TYPE of facility

TYPE OF FACILITY (choose one per application)

- Homeless Shelter
Hospice
Women's Shelter

Group Living Facility (Such as transitional housing, short- or long-term care and group homes)

SERVICES PROVIDED (check all that apply)

- Lodging
Rehabilitation
Counseling
Meals
Training
Other (please describe):

Number of days facility is occupied each year

Total number of residents (excluding on-site manager)

3 RECERTIFICATION: (please type or print)

If recertifying the facility's eligibility for continued CAP discounts, please provide an explanation of how last year's discount savings was used by your organization to benefit your clients:

4 DECLARATION: (please read carefully and sign below)

- Organization is a California Water Service company of record
100% of all residents of the facility and/or households meet CAP income guidelines
Documentation is available to substantiate the above

By signing below, I certify under penalty of perjury that the information on this declaration is truthful and correct. Although this declaration is valid for one year, I will notify Cal Water of any changes that may affect eligibility for CAP. Cal Water reserves the right to request verification of records demonstrating eligibility at any time and may rebill the organization at the applicable rate if appropriate. I understand that the facility name and address may be shared with other energy utilities, if applicable. I understand that Cal Water may share my information with other utilities to enroll me in their assistance programs.

Authorized Representative's Signature _____ Date _____

Authorized Representative's Name _____ Date _____ (please type or print)

Please complete this application by providing individual account information on the reverse side of this page.

Cal Water Account Number:

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Service Address _____ City _____ CA ZIP Code _____

Please check:

Satellite facility? Yes No

Total number of residents (excluding on-site manager) _____

Cal Water Account Number:

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Service Address _____ City _____ CA ZIP Code _____

Please check:

Satellite facility? Yes No

Total number of residents (excluding on-site manager) _____

Cal Water Account Number:

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Satellite facility? Yes No

Total number of residents (excluding on-site manager) _____