County Sanitation Districts of Los Angeles County

Service Charge Program

Refunds and Low-Water Rebates\Reductions
CHECK LIST

Service Charge Program - Room 104
1955 Workman Mill Road
P.O. Box 4000
Whittier, CA 90607-4000
(562) 908-4288 extension 2727

- [ ] Notarized Application for Service Charge Refund or Rebate and Reduction

Additional Forms:

- [ ] Water Service Company Information Authorization (Required for all low-water rebate applicants)
- [ ] Water Consumption Form for Rebate of Service Charge (Required for all low-water rebate applicants)
- [ ] Notarized Authorization for Agent of Parcel Owner (Optional)

Additional Enclosures:

Required:

- [ ] Copy of the property tax bill for each applicable fiscal year.
- [ ] Proof of payment and payor of property tax bill for each applicable fiscal year. Proof may include any of these: 1) canceled checks; 2) money order receipts; or 3) cashier's check receipts.

If applicable:

For all low-water rebate applicants:

- [ ] Copies of water bills or water consumption history from your water service provider covering the period of July 1 to June 30 for the most recently ended fiscal year.

County Sanitation Districts of Los Angeles County
Service Charge Program

Instructions for Completing the Application for Service Charge Refund or Rebate and Reduction

General instructions for submission of an application:

a) Complete, sign, and notarize the application.
b) Attach all documents required as noted below in the detailed instructions and on the Check List.
c) Complete the Check List.
d) For additional information, call (562) 908-4288, Extension 2727.
e) Mail the application with the required documents to:

County Sanitation Districts of Los Angeles County
Service Charge Program
P.O. Box 4000
Whittier, CA 90607-4000

Detailed instructions for completion of each section of the application:

1. **Property Information**:
   a. Assessor's identification/parcel number can be obtained from the property tax bill.
   b. Provide the address, city, and zip code of the property for which the rebate/refund is sought.
2. **Refund or Low-Water Rebate Sought for the Following Fiscal Year(s):**
   a. Check the box(es) for fiscal year(s) for which you are requesting a refund or a low-water rebate. Rebates only apply to the most recently ended fiscal year.
   b. Enclose with your application copies of the property tax bill for each of the applicable fiscal year(s).
   c. Legally, we are obligated to refund/rebate whomever paid the service charge (tax bill). For us to determine who paid, enclose with your application copies of proof of payment and payor of property tax, which may be any of these: canceled checks; money order receipts; or cashier's check receipts.
3. **Property Owner's Information**:
   a. Provide the legal name(s) of the property owner(s) including the business entity type, mailing address, city, state and zip code.
   b. If the property is owned by two or more persons or entities, check the applicable box. All owners must complete an application.
   c. If the property owner is not a natural person (for example, a trust or a corporation), identify a contact person.
4. **Agent's Information**: This section only needs to be completed if the owner is authorizing or has previously authorized a third-party agent to act on the owner's behalf. The owner may authorize a tenant to act as their agent. The owner must complete a separate "Authorization for Agent of Parcel Owner."
5. **Description of Existing Improvements**:
   a. Select the type of facilities located on the parcel. If more than one Category of Use exists, please select all applicable.
   b. Provide the associated Quantity of Use for each Category of Use selected. Quantity of use for most commercial uses is square feet.
6. **Refund/Low-Water Rebate Basis:**
   a. Check the appropriate box (es) to identify the reason(s) for the application for refund or low-water rebate.
   b. For "**Error**" - describe any errors in the category or quantity of use attributed to your parcel.
   c. For "**Reduced water consumption**" rebate - complete and submit "Water Consumption Form."
   d. For "**Parcel unoccupied**" – submit water bills if available, otherwise provide documents that would allow us to verify that your property was unoccupied during the applicable fiscal year.
7. **Certification:**
   a. Read all portions and check any applicable boxes under Section 7.
   b. Owner(s) must sign the application, and print the name(s) and title(s) of the signatory (if applicable), and the date. Have the signature notarized.
   c. The refund/rebate will be payable to the payor of the applicable property taxes.
   d. If Owner is not a natural person, proof of authority to sign must be included.

County Sanitation Districts of Los Angeles County

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Application for Service Charge Refund or Rebate and Reduction

1. Property Information

Assessor's Identification/Parcel Number ____ - ___ - ___

Parcel Address:

City: Zip Code:

2. Refund/Rebates : Check Box(es) for fiscal year(s): ☐ 2015-2016 ☐ 2016-2017

3. Property Owner's Information ☐ Check box if more than one owner and see instruction sheet.

Legal Owner(s):

Contact Name: (if different from owner)

Mailing Address: (if different from parcel)

City: State: Zip Code:

Telephone No. : E-mail Address:

4. Agent's Information (Only required if owner nominates an agent to act on the owner's behalf. Attach Authorization for Agent.)

Agent:

Contact Name: (if different from Agent)

Agent Address:

City: State: Zip Code:

Telephone No. : E-mail Address:

5. Description of Existing Improvements on Property

Residential

☐ Single Family Home ☐ Condo ☐ Multi-Unit Residential Units

Commercial

Business Name: Business Description:

☐ Hotel, Motel, Rooming House Rooms

☐ Convalescent Home Beds

☐ Shopping Center Square Feet

☐ Other*
Specify use such as store, office, restaurant, etc. and units & square feet

6. Refund/Rebate Basis

Refund

☐ Error* in category of use

☐ Error* in quantity of use (sq. ft., units, etc.)

☐ Other clerical error*

Low-Water Rebate/Reduction

☐ Reduced water consumption

☐ Parcel unoccupied

* Describe error (attach additional pages if necessary):

7. Certification

I hereby certify under penalty of perjury under the laws of the State of California that:

1. I am the owner or am authorized to sign this application on behalf of the Owner.
2. All information contained in this application and attached to this application is true and correct.
3. The service charge sought to be refunded or rebated was paid or that if the service charge is unpaid, an adjustment is sought against the unpaid service charge.
4. I understand corrections made by the Districts may decrease or increase service charges.
5. If acting on behalf of an organization, I am duly authorized to act on its behalf.
6. I understand the refund/rebate will be payable to the payor of the applicable property taxes.
7. In exchange for the District's processing of this application, the undersigned applicant agrees to defend, indemnify and hold harmless the District, its agents, officers or employees, against any legal claim, action, or proceeding arising out of or relating to the application.
8. I am including the following forms with this application:

   - ☐ Authorization to Obtain Information from Water Company
   - ☐ Water Consumption Form for Rebate and Reduction of Service Charge
   - ☐ Authorization for Agent of Parcel Owner

_____	_____	
Signature	Signature	Date
Print Name/Title	Print Name/Title	

ALL-PURPOSE ACKNOWLEDGMENT

STATE OF CALIFORNIA)
)
COUNTY OF _____)

On _____, before me, _____, a Notary Public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

_____
Notary Public

County Sanitation Districts of Los Angeles County

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AUTHORIZATION TO OBTAIN INFORMATION FROM WATER COMPANY

You must provide water usage information with your application. The purpose of this form is to allow us to verify usage with your water company if necessary to process your application.

Name of Water Provider:

Name of Account Holder:

Service Address:

Billing Address (if different than service address):

Account Number(s):

I hereby authorize the water provider to disclose to the County Sanitation Districts of Los Angeles County all water usage information for the service address above, including but not limited to all accounts listed above.

Water Account Holder Signature:_____ Date:

Print Name: Tel. No.:

Title: Email Address:

County Sanitation Districts of Los Angeles County

Service Charge Program

Water Consumption Form for Rebate and Reduction of Service Charge

Assessor's Identification/Parcel Number ☐☐☐☐ - ☐☐☐ - ☐☐☐

List total number of each type of water meter accounts on parcel:

☐ Residential meter

☐ Commercial, Industrial, Domestic meter(s)

☐ Fire Line meter(s)

☐ Irrigation, landscape meter(s)

1. Provide water consumption data for a maximum of three (3) fiscal years prior to the date of submittal of application. To be considered for rebate, water consumption data from the water provider for the entire fiscal year (July 1 through June 30) for all accounts must be submitted along with an Authorization to Obtain Information From Water Company.
2. Identify meters/accounts dedicated to outdoor water use by writing "landscaping use" on bill.
3. If there are multiple facilities on the parcel, identify the applicable facility on the bill for each meter/account.

Water Account #	Water Account Customer Name	List Fiscal Year (July 1 - June 30)	Type of Meter (Residential, Commercial, Fire Line, Irrigation, etc.)

I declare under penalty of perjury under the laws of the State of California that the information stated on this form and attached to this form is true and correct.

Owner Signature: _____ Print Name and Title: _____ Date: _____

Doc # 1658222v5

Revised 7/2016

County Sanitation Districts of Los Angeles County
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AUTHORIZATION FOR AGENT OF PARCEL OWNER

Parcel Owner's Name(s): _____("Owner")*
The business entity type must be noted when applicable.
Mailing Address: _____

Tel. No. _____ Email Address: _____

1. **Right to Authorize Agent**. Owner understands that the County Sanitation Districts of Los Angeles County ("Districts") collect service charges on the tax roll in accordance with the District's Master Service Charge Ordinance ("Ordinance"). Owners may communicate directly with the Districts' staff at any time regarding service charges placed on their parcel(s) and they may also authorize an agent to represent them.

2. **Identification of Parcels**. Owner declares that any parcels listed on the second page of this form (the "Listed Parcels") are owned by Owner and no other person or legal entity.

3. **Authorization of Agent**. Owner hereby authorizes the Agent named below to act on his/her/its behalf in matters relating to the Districts' service charge placed on the Listed Parcels' property tax bill(s). The Agent has full permission to act on the Owner's behalf in connection with all matters pertaining to the service charge for any Listed Parcels, and the Districts are authorized to release any information relating to the Listed Parcels' service charge to the designated Agent.
   Agent's Name: _____

   Address: _____

   Tel. No. _____ Email Address: _____

4. **Owner Accepts Responsibility**. Having delegated the above authority, Owner accepts full responsibility for any action taken within the scope of Agent's authority as set forth above. Owner understands that the Districts will review service charges on the Listed Parcels and make any necessary corrections. Corrections made by the Districts may decrease or increase service charges.

5. **Duration of Authorization**. This Authorization revokes any prior authorizations made by the Owner and remains in effect until revoked. This Authorization may be revoked by any Owner at any time by a letter or a new Authorization for Agent form signed by the Owner. A revocation will become effective when received by the Districts.

6. **Declaration (Signature(s) must be notarized)**. I declare under penalty of perjury under the laws of the State of California that the information provided on this application is true and correct in all respects and that I am the Owner or am authorized to sign this application on behalf of the Owner**.

Signature: _____ Date: _____

Print Name and Title: _____ Tel. No. _____

Signature: _____ Date: _____

Print Name and Title: _____ Tel. No. _____

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*If parcel is owned by more than one person or entity, all owners must sign an authorization. The revocation of authorization by any one owner will revoke the agent's authorization.

**If Owner is not a natural person, proof of authority to sign must be submitted to Districts together with this form.

AGENT IS AUTHORIZED TO ACT ON BEHALF OF OWNER FOR THE FOLLOWING PARCELS:		
Assessor's Identification/Parcel Number		**Address, City, Zip Code**
1		
2		
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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT **CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of _____)

On _____ before me, _____,
Date *Here Insert Name and Title of the Officer*

personally appeared _____
Name(s) of Signer(s)

_____,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____
Signer Is Representing: _____
_____

Signer's Name: _____
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____
Signer Is Representing: _____
_____

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