



Mail completed application to your local Cal Water Customer Center.

1 APPLICANT 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 (if different) City CA Zip Code

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

E-mail Address (optional)

Daytime Phone

Fax

2 FACILITY INFORMATION:

Please use a separate application for each TYPE of facility

- MIGRANT FARM WORKER HOUSING CENTER, operated by Office of Migrant Services (OMS), provided pursuant to Section 50710 of the Health and Safety Code.
MIGRANT FARM WORKER HOUSING CENTER, operated by non-profit entities, as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has an exemption from local property taxes pursuant to Subdivision (g) of Section 214 of the Revenue and Taxation Code.

3 RECERTIFICATION: (please type or print)

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

This year's discount will be used for:

4 DECLARATION: (please read carefully and sign below)

By signing this application, I certify under penalty of perjury that the information contained herein is true and accurate. I agree to comply with all of the eligibility criteria and MFHC responsibilities contained herein for all of the service agreements listed in this application. I give my consent that the information herein may be shared with other energy utility companies.

Authorized Representative's Signature Date

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

5 FOR INDIVIDUAL FACILITIES OF THE SAME TYPE, ATTACH SEPARATE SHEET FOR MORE THAN FIVE (5) ADDRESSES:

Cal Water Account Number:

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Service Address _____ City _____ CA Zip Code _____

Please check:
Type of Metering? Individually metered Master metered

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

Cal Water Account Number:

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Service Address _____ City _____ CA Zip Code _____

Please check:
Type of Metering? Individually metered Master metered

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Cal Water Account Number:

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