



El Toro Water District

REQUEST FOR EVALUATION OF SEWER RATE CLASSIFICATION

El Toro Water District's Sewer Rate Policy was developed by District staff and approved by the State Water Resources Control Board. Rates are set according to the strength of the discharge into the sewer systems (as measured by Flow, BOD, and TSS). The policy provides an appeal process for the purpose of determining the proper classification.

If you believe that your account is misclassified, please provide the following data to initiate the appeal process. Response must be received within 90 days of the initial request date.

CUSTOMER NAME _____ BILLING ADDRESS (If Different) _____
SERVICE ADDRESS _____
CITY, STATE, ZIP _____
DATE _____ TELEPHONE NUMBER _____
ACCOUNT NUMBER _____
(One account number per appeal)

Please state briefly your reasons for appeal.

Business Activity _____ SIC _____
Are you the major process: Batch _____ Continuous _____ Both _____
Production days per year _____ Hours per day _____ Days per week _____
Does the facility have an EPA generator number? Yes _____ No _____
If Yes, please list number _____

Please indicate the form of pre-treatment (if any) practiced at this facility _____

When completed, please return to:
El Toro Water District
Attn: Customer Service
P.O. Box 4000
Laguna Hills, CA 92654

**EL TORO WATER DISTRICT
STATEMENT OF COMPLIANCE
WITH THE CALIFORNIA RESIDENTIAL CARE
FACILITIES FOR THE ELDERLY ACT**

The undersigned ("Customer") certifies that the residence located at _____ is a residential care facility for the elderly, as defined in Health and Safety Code section 1569.2, which serves six or fewer persons, as defined in Health and Safety Code section 1569.82, and is licensed and operated in compliance with the California Residential Care Facilities for the Elderly Act (Health and Safety Code § 1569 *et seq.*). The undersigned further certifies that a true and correct copy of the Customer's license is attached hereto. If acting in a representative capacity, the undersigned further certifies that he/she is authorized to act on behalf of the Customer and that a true and correct copy of the resolution creating such authority is attached hereto.

As a residential care facility for the elderly which serves six or fewer persons, this facility shall be considered a residential use of property for purposes of setting rates for sanitary sewer service. Based on the above representations, the undersigned hereby requests exemption from commercial sewer rate classification. The undersigned further promises that he/she will notify El Toro Water District promptly of any change of status affecting this classification and promises to furnish to El Toro Water District a true and correct copy of the Customer's renewal license for each year that this classification remains in effect.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: _____, 19 ____.

(Signature)

(Customer Name)

(Print Name)

(Account Number)

(Title)

ACKNOWLEDGEMENT

STATE OF CALIFORNIA)
COUNTY OF _____)

On _____, 19 _____, before me, _____, personally appeared _____, personally known to me (or 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.

WITNESS my hand and official seal.

Notary Public Signature (Seal)