



Occupancy Certification Form

Service Address: _____ 93402

Account Holder: _____
 (This name must match the account holder name on the Water Service Application)

Account Holder: Owner____ Tenant____ Agent____ **Account Holder Account #:** _____
 (Office Use Only)

PROPERTY USE: Owner _____ Owner _____ Owner _____ Vacation _____ Tenant _____
 Occupied Part-time Vacation Rental Rental
 Home Home

Owners & Agents: *If you pay the rental water bill, you must provide a list of ALL occupants living full-time (permanently) at the service address. It is your responsibility to update this information should there be a change in occupancy. >>Also, for EMERGENCY purposes, please provide the primary tenant information.*

Name: _____ **Phone:** _____
 Primary Tenant

Office Use Only

Owner Account #: _____ **Owner Name:** _____

Please list the names of ALL occupants living full time at the service address. (Use other side of this form if needed)
 If you are the Account Holder it is your responsibility to keep this information updated should there be a change in occupancy. (This form is available at the LOCSD office or @ www.lososocsd.org)

1. _____
2. _____
3. _____
4. _____
5. _____

****Qualifications/Requirements:**

- Resolution Number 2015-10 was adopted at the April 2, 2015 Board of Directors meeting declaring a **Stage III Water Emergency**.
- Customers must list all persons living full-time (permanently) at the service address.
- The water shortage contingency plan has an allocation per occupant for residential and multifamily residential as follows:
Stage III – 50 gallons per day per occupant Stage IV – 45 gallons per day per occupant Stage V – 42 gallons per day per occupant
- A surcharge will be collected on all water use in excess of the maximum water use allocation. Water use above the allocation is subject to double the current rate unless there is other Board action.
- Allocations are not transferable to any other property.

I declare under penalty of perjury that the foregoing is true and correct. Executed on _____ **Date**

 Signature of Customer of Record/Account Holder

 Printed name of Customer of Record/Account Holder