

**APPLICATION FOR LIMITED REDUCED RATE  
ORDINANCE NO. 58 AS AMENDED BY NO. 59 AND 92-01**

“4.1 Limited Reduced Rate- Domestic (per month)

- (1) There is hereby established for those customers meeting the qualifications, a reduced rate of \$8.35 per month, which entitles such qualified customers to not more than 4,000 gallons per month on a noncumulative basis. Additional monthly gallorage above the quantity specified shall be charged for at the rate of \$2.04 per 1,000 gallons or a fraction thereof.
- (2) Qualification for Limited Reduced Rate- In order to qualify for limited reduced rate for domestic service specified above in paragraph 4.1(1), the customer shall make written application to the District on District form with certification to the District that such customer/applicant is not less than 62 years of age and whose combined gross annual income, from all sources, did not exceed \$22,900.00 the preceding taxable year for applicant and all others living in the same household. Reclassification will be required annually.
- (3) Determination of Qualification- Upon receipt of such application for the limited reduced rate specified above, the District will review the same and the supporting proof and any other data deemed relevant and shall then advise the applicant whether the limited reduced rate will or will not be applicable. The District’s determination in this regard shall be final.
- (4) Periodic Review or Termination- there is reserved to the District the right to review any approved limited reduced rate application or service thereunder at any time and from time to time and to revise or terminate limited reduced rate application or service thereunder to any applicant or customer who fails to remain qualified thereunder.

APPLICATION FOR LIMITED REDUCED RATE MUST BE COMPLETED AND FILED PERSONALLY BY CUSTOMER AT THE DISTRICT’S OFFICE BETWEEN JULY 1<sup>ST</sup> AND 15<sup>TH</sup> EACH YEAR. IF NO APPLICATION IS FILED THEN THE ACCOUNT WILL REVERT TO THE REGULAR RATE APPICABLE.

Under penalty of perjury, I certify that I meet the above eligibility rules and apply for this limited reduced rates. I understand that the Foresthill Public Utility District may ask for verification of my income at any time.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature & Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone & Account No.

\_\_\_\_\_  
Social Security #

By \_\_\_\_\_  
District Representative  
FORESTHILL PUBLIC UTILITY DISTRICT

Witnessed & Received on \_\_\_\_\_