



# CAMBRIA COMMUNITY SERVICES DISTRICT

P.O. Box 65 • Cambria, CA 93428 • Telephone: (805) 927-6223 • Fax: (805) 927-5584

## Permanent Resident Certification Form

I request an increase in the allotment of units based on the number of permanent residents in my household. Per CCSD Code Section 4.12.020 "Permanent Resident" means any person residing in a household during the entire billing period or for three months out of the past six months.

Customer Name \_\_\_\_\_  
(Customer's name must match account name)

Service Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

\* Please list names and date of birth for the people living in the service address full-time.

Name	Date of Birth
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

### Qualifications/Requirements:

- Adjustment of Maximum Water Use Allocation. Each customer shall have the right to request an adjustment of the number of permanent residents in his or her household. The permanent resident certification form must be completed and filed at the CCSD office to receive an increased water allotment. It is the customer's responsibility to complete and file an amended permanent resident certification with the CCSD whenever there is a change in the number of "permanent residents" in the customer's household.
- To be eligible for an increase (for more than 1 permanent resident) in allocated units, the application must be submitted prior to the due date of the utility service bill. If the application is received by the CCSD after the due date, the adjustment will not be effective until the next billing period.
- A penalty will be levied on all water use in excess of the maximum water use allocation. Water use that exceeds the maximum water use allocation by less than 25% shall be subject to a five hundred (500) percent surcharge levied on all usage above the customer's monthly unit allocation. Water use that exceeds the maximum water use allocation by more than 25% shall be subject to a one thousand (1,000) percent surcharge levied on all usage above the customer's monthly unit allocation.

*CCSD reserves the right to request proof of the permanent residency of the persons listed on the Permanent Resident Certification Form.*

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date