

Los Angeles County Sanitation Districts
Service Charge Program

**Application for Service Charge Refund or Low Water Rebate and Reduction
CHECK LIST**

Service Charge Program - Room 104
1955 Workman Mill Road
P.O. Box 4000
Whittier, CA 90607-4000
(562) 908-4288 extension 2727

Forms:

- Application for Service Charge Refund or Low Water Rebate and Reduction (pages 3 and 4)
- Water Service Company Information Authorization (Required for all low-water rebate applicants)
- Water Consumption Form for Rebate of Service Charge (Required for all low-water rebate applicants)

Additional Enclosures:

Required:

- Copy of the property tax bill for each applicable fiscal year. **(Not required if submitting an Expiring WCF application)**
- Proof of payment and payor of property tax bill for each applicable fiscal year. Proof may include any of these: 1) canceled checks (front and back); 2) money order receipts; 3) cashier's check receipts; 4) electronic payment (must show proof of who made payment); or 5) bank statement (must show payor, redact confidential information). **(Not required if submitting an Expiring WCF application)**

If applicable:

For all low-water rebate applicants:

- Copies of water bills or water consumption history from your water service provider covering the period of **July 1 to June 30** for the most recently ended fiscal year. To be considered for a five year lock-in, submit 3 most recently ended fiscal years.
- Authorization for Agent of Claimant (required if using a third party Agent).

*Claimant may be the property owner or the payor of the property tax bill.

Los Angeles County Sanitation Districts
Service Charge Program

**Instructions for Completing the
Application for Service Charge Refund or Low Water Rebate and Reduction**

General Instructions for submission of an application:

- a. Complete and sign the application. (page 3 and 4)
- b. Attach all documents required as noted below in the detailed instructions and on the Check List. (page 1)
- c. Applications must be sent with ALL required information by June 30. Incomplete applications will be rejected and must be resubmitted prior to June 30 with all required information in order to be considered. Applications received after June 30 will be denied.
- d. For additional information, call (562) 908-4288, Extension 2727.
- e. Mail the application with the required documents to:

Los Angeles County Sanitation Districts
Service Charge Program
P.O. Box 4000
Whittier, CA 90607-4000

OR

Email to: rebate@lacsds.org

Detailed instructions, claimant:

1. Property Information.

- a. Assessor's identification/parcel number can be obtained from the property tax bill.
- b. Provide the address, city, and zip code of the property for which the rebate/refund is sought.

2. Refund or Low-Water Rebate Sought for the Following Fiscal Year(s):

- a. Check the box(es) for fiscal year(s) for which you are requesting a refund or a low-water rebate. Rebates only apply to the most recently ended fiscal year.
- b. Enclose with your application copies of the property tax bill for each of the applicable fiscal year(s).
- c. If the Districts determine that this application is complete and meets all relevant requirements, and if the Districts determine that a rebate is owed, the Districts will remit payment to either the property owner or the person/entity duly authorized, and who provides evidence of payment of the property taxes on behalf of the property owner. Evidence of payment will include canceled checks (front and back), money order receipts, bank statements, or cashier's check receipts. Refunds/Rebates, if owed will be sent to the payors address. If the payor's address is not provided, the refund/rebate will be sent to the property owner.
- d. Current year reductions will be denied if the LA County Auditor Controller is unable to reduce the charge for any reason. Customers can resubmit the same application with proof of payment and a copy of the property tax bill by the end of the current fiscal year.

3. Claimant (property owner or payor of tax bill) Information:

- a. Provide the legal name(s) of the claimant(s) including the business entity type, mailing address, city, state and zip code.
- b. If the claimant is two or more persons or entities, check the applicable box. All claimants must complete an application.
- c. If claimant is not a natural person (for example, a trust or corporation), identify an authorized agent.

4. Agent's Information: This section only needs to be completed if the claimant is authorizing or has previously authorized a third-party agent to act on the claimant's behalf. The claimant must complete a separate "Authorization for Agent of Claimant." (page 7)

5. Description of Existing Improvements:

- a. Select the type of facilities located on the parcel. If more than one Category of Use exists, please select all applicable.
- b. Provide the associated Quantity of Use for each Category of Use selected. Quantity of Use for most commercial uses is square feet.

6. Refund/Low-Water Rebate Basis:

- a. Check the appropriate box(es) to identify the reason(s) for the application for refund or low-water rebate.
- b. For "Error" - describe any errors in the category or quantity of use attributed to your parcel.
- c. For "Reduced water consumption" rebate - complete and submit "Water Consumption Form" and water bills.
- d. For "Parcel unoccupied" - submit water bills if available, otherwise provide documents that would allow us to verify that your property was unoccupied during the applicable fiscal year.

7. Certification:

- a. Read all portions and check any applicable boxes under Section 7. (page 4)
- b. Claimant(s) must sign the application and print the name(s) and title(s) of the signatory (if applicable), and the date.
- c. The refund/rebate will be payable to the payor of the applicable property taxes.
- d. If Claimant is not a natural person, proof of authority to sign must be included. (Proof of Authority can be found on page 9 of this Application).
- e. Failure to submit ALL required information will result in the Application being denied. Reconsideration will only be available if the complete Application is received by Email on or before June 30 of most recently ended fiscal year or is US Postmarked on or by June 30 of the most recently ended fiscal year.

Application for Service Charge Refund or Rebate and Reduction

1. Property Information (page 2)(1.a,b)
Assessor's Identification/Parcel Number - -

Parcel Address:
City: Zip Code:

2. Refund/Rebates : Check Box(es) for fiscal year(s): 2021-2022 (Correction Only) 2022-2023 (Correction Only) 2023-2024 (Rebate/Correction) 2024-2025 (Rebate/Correction)

3. *Claimant Information Check box if more than one owner and see instruction sheet. (Page 2)(3.c)

Claimant (property owner or payor of tax bill):
Contact Name: (if different from owner)
Mailing Address: (if different from parcel)
City: State: Zip Code:
Telephone No. : E-mail Address:

4. Agent's Information (Only required if Claimant designates an agent to act on the Claimant's behalf. Please include a completed "Authorization for Agent of Claimant" form.) (page 7)

Agent: (if different from Agent)
Contact Name:
Agent Address:
City: State: Zip Code:
Telephone No. : E-mail Address:

5. Description of Existing Improvements on (page 2)(5.a,b)

Residential

Single Family Home Condo Multi-Unit Residential Units

Commercial

Business Name: Business Description:
 Hotel, Motel, Rooming House Rooms
 Convalescent Home Beds
 Shopping Center Square Feet
 Other* Specify use such as store, office, restaurant, etc. and units & square feet

6. Refund/Rebate Basis Refund (Instructions page 2)(6.a,b,c,d)

Error* in category of use Error* in quantity of use (sq. ft., units, etc.) Other clerical error* Error* in category of use Reduced water consumption Parcel unoccupied

* Describe error (attach additional pages if necessary):

7. Certification

I hereby certify under penalty of perjury under the laws of the State of California that:

1. I am the Claimant/I am duly authorized as the agent of the Claimant to sign this application.
2. All information contained in this application, including all attachments and exhibits, is true and correct.
3. The refund or rebate requested relates either to a service charge that was paid in full or, if the service charge is unpaid, an adjustment is requested against that unpaid service charge.
4. I acknowledge and understand that the Districts staff will review all application materials and may make corrections that could result in decreases or increases to service charges.
5. I understand that any available refund or rebate is payable only to the payor of the applicable property taxes.
6. In exchange for the District's processing of this application, the undersigned Claimant/Agent of Claimant agrees to defend, indemnify and hold harmless the District, its agents, officers or employees, against any legal claim, action, or proceeding arising out of or relating to the application.
7. I have completed and am including the following forms with this application:

- Authorization to Obtain Information from Water Company
- Water Consumption Form for Rebate and Reduction of Service Charge
- Authorization for Agent of Parcel Owner (Claimant)

8. Failure to submit **ALL** required information will result in the Application being denied. Reconsideration will only be available if the complete Application is received by Email on or before June 30 of the most recently ended fiscal year or is US Postmarked on or by June 30 of the most recently ended fiscal year. Incomplete Applications will be denied.

*Claimant may be the property owner or the payor of the property tax bill.

Signature _____

Signature _____

Print Name/Title

Print Name/Title

Date

An electronic signature or a photocopy of an original signature will have the same force and effect as an original signature.

AUTHORIZATION TO OBTAIN INFORMATION FROM WATER COMPANY

You must provide water usage information with your application. The purpose of this form is to allow us to verify usage with your water company if necessary to process your application.

Name of Water Provider:

Name of Water Account Holder:

Service Address:

Billing Address (if different than service address):

Meter Number(s):

I hereby authorize the water provider to disclose to the Los Angeles County Sanitation Districts all water usage information for the service address above, including but not limited to all accounts listed above.

Water Account Holder Signature: _____ Date:

Print Name: Tel. No.:

Title: Email Address:

An electronic signature or a photocopy of an original signature will have the same force and effect as an original signature.

Los Angeles County Sanitation Districts

Service Charge Program

Water Consumption Form for Rebate and Reduction of Service Charge

Required for
Application for Low
Water Rebate

Assessor's Identification/Parcel Number - -

List total number of each type of water meter accounts on parcel:

Residential meter

Commercial, Industrial, Domestic meter(s)

Fire Line meter(s)

Irrigation, landscape meter(s)

1. Provide water consumption data for a maximum of three (3) fiscal years prior to the date of submittal of application. To be considered for rebate, water consumption data from the water provider for the entire fiscal year (July 1 through June 30) for all accounts must be submitted along with an Authorization to Obtain Information From Water Company.
2. Identify meters/accounts dedicated to outdoor water use by writing "landscaping use" on bill.
3. If there are multiple facilities on the parcel, identify the applicable facility on the bill for each meter/account.

Water Meter #	Water Account Customer Name	List Fiscal Year (July 1 - June 30)	Type of Meter (Residential, Commercial, Fire Line, Irrigation, etc.)

I declare under penalty of perjury under the laws of the State of California that the information stated on this form and attached to this form is true and correct. Misrepresentation of water use is fraudulent.

Claimant Signature: Print Name and Title: Date:

Los Angeles County Sanitation Districts
Service Charge Program

Required for all
Applications using
an Agent

AUTHORIZATION FOR AGENT OF CLAIMANT (If Applicable)

Claimant's Name(s): ("Claimant")*

The business entity type must be noted when applicable.

Mailing Address:

Phone Number: Email Address:

- 1. Right to Authorize Agent.** Claimant understands that the Los Angeles County Sanitation Districts ("Districts") collect service charge on the tax roll in accordance with the District's Master Service Charge Ordinance ("Ordinance"). Claimant may communicate directly with the Districts' staff at any time regarding service charges placed on their parcel(s) and they may also authorize an agent to represent them.
- 2. Identification of Parcels.** Claimant declares that any parcels listed on the second page of this form (the "Listed Parcels") are owned or paid by Claimant and no other person or legal entity.
- 3. Authorization of Agent.** Claimant hereby authorizes the Agent names below to act on his/her/its behalf in matters relating to the Districts' service charge placed on the Listed Parcels' property tax bill(s). The Agent has full permission to act on the Claimant's behalf in connection with all matters pertaining to the service charge for any Listed Parcels, and the Districts are authorized to release any information relating to the Listed Parcels' service charge to the designated Agent/Payors.

Agent's/Payors Name:

Address:

Phone Number: Email Address:

- 4. Claimant Accepts Responsibility.** Having delegated the above authority, Claimant accepts full responsibility for any action taken within the scope of Agent's authority as set forth above. Claimant understands that the Districts will review service charges on the Listed Parcels and make any necessary corrections. Corrections made by the Districts may decrease or increase service charges.
- 5. Duration of Authorization.** This Authorization revokes any prior authorizations made by the Claimant and remains in effect until revoked. This Authorization may be revoked by any Claimant at any time by a letter or a new Authorization for Agent form signed by the Claimant. A revocation will become effective when received by the Districts.
- 6. Declaration.** I declare under penalty of perjury under the laws of the State of California that the information provided on this application is true and correct in all respects and that I am the Claimant or am authorized to sign this application on behalf of the Claimant**.

Signature: _____ Date:

Print Name and Title: Phone Number:

Signature: _____ Date:

Print Name and Title: Phone Number:

* If parcel is owned by more than one person or entity, all owners must sign an authorization. The revocation of authorization by any one owner will revoke the agent's authorization.
**If Owner is not a natural person, proof of authority to sign must be submitted to Districts together with this form.
***Claimant may be the property owner or the payor of the property tax bill.

Los Angeles County Sanitation Districts
Service Charge Program

Required if page 7
includes more than
1 parcel

AGENT IS AUTHORIZED TO ACT ON BEHALF OF CLAIMANT FOR THE FOLLOWING PARCELS:

Assessor's Identification/Parcel Number	Address, City, Zip Code
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	

Los Angeles County Sanitation Districts
Service Charge Program

Proof of Authority for Application for Service Charge Refund or Low Water Rebate and Reduction

If Claimant is not a natural person, then proof of authority to sign the Letter of Authorization or Application for Service Charge Refund or Rebate and Reduction **must** be submitted with the Application documents or the Application will be denied. The following are acceptable proof of authority when submitting claims and must be verifiable through the State of California Secretary or Fictitious Business Name for the Sole Proprietor or Trust.

<https://businesssearch.sos.ca.gov/>

Natural Person/Sole Proprietor/Trust http://apps1.lavote.net/CLERK/FBN_Search.cfm

Full legal name of persons on title

Trust http://apps1.lavote.net/CLERK/FBN_Search.cfm

Agreement(s) must be signed by trustee. Include the following:

1. Trust Certification (should include a declaration of trustee) or Trust

Corporation

Requires **two** names and signatures:

1. First signatures must be by one Senior Corporate Officer (defined as Chairman, President, or Vice-President.
2. Second signature must be by a Second Corporate Officer (defined as Secretary, CFO, or treasurer)
**A single signature is permitted if one person holds positions from both categories.

OR

1. Single signature with proof of authorization to sign in form of Officer's certificate/Incumbency certificate or
2. Bylaws/resolutions

Limited Liability Company

Certificate of Authority signed by a General Partner. Include the following:

1. Name of LLC
2. Name of member signing
3. Articles of Organization showing the limited liability company is member-managed. **OR** Articles of Organization showing LLC is manager-managed

Limited Partnership

Certificate of Authority signed by a General Partner. Include the following:

1. Name of LP
2. Name of title of partners signing on behalf of partnership (a general partner only)
3. Partnership agreement

Limited Liability Partnership

Certificate of Authority signed by Partner signing on behalf of LLP or signatures of **ALL** General Partners. Include the following:

1. Name of LLP
2. Partnership agreement of Statement of Authority filed with Secretary of State

General Partnership

Agreement(s) must be signed by a general partner (name and title of partner(s) signing on behalf of required) **OR** signed by **ALL** general partners. Include the following:

1. Partnership agreement of Statement of Authority filed with Secretary of State