

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE

SAN FRANCISCO, CA 94102-3298



May 4, 2021

Robert L. Kelly
Vice President, Regulatory Affairs
Suburban Water Systems
1325 N. Grand Ave., Ste. 100
Covina, CA 91724-4044

Dear Mr. Kelly,

The Commission has approved Suburban Water Systems' Advice Letter No. 354, filed on April 1, 2021, regarding updating the income eligibility guidelines for Low Income program in San Jose Hills and Whittier/La Mirada Service Areas.

Enclosed are copies of the following revised tariff sheets, effective June 1, 2021, for the utility's files:

P.U.C.	
Sheet No.	Title of Sheet
1754-W	Schedule No. LIC-1, San Jose Hills and Whittier/La Mirada Service Areas Low Income Credit (Continued)
1755-W	Form No. 18 – Low Income Rate Assistance Program
1756-W	Table of Contents
1757-W	Table of Contents (Continued)

Please contact Jefferson Hancock at JHO@cpuc.ca.gov or 415-703-3453, if you have any questions.

Thank you,

/s/ROBIN BRYANT

Robin Bryant
Water Division

Enclosures

Suburban Water Systems
1325 N. Grand Ave. Ste. 100
Covina, CA 91724-4044

Revised
Canceling Revised

Cal. P.U.C. Sheet No. 1754-W
Cal. P.U.C. Sheet No. 1722-W

Schedule No. LIC-1

SAN JOSE HILLS AND WHITTIER/LA MIRADA SERVICE AREAS
LOW INCOME CREDIT
(Continued)

Income Qualification guidelines (Effective June 1, 2021 through May 31, 2022) (T)

Total persons in household	Maximum total combined annual income	
1 - 2	\$34,840	(I)
3	\$43,920	
4	\$53,000	
5	\$62,080	
6	\$71,160	
7	\$80,240	
8	\$89,320	(I)

For each additional person, add \$9,080 to the total combined annual income. (I)

(To be inserted by utility)

Issued by

(To be inserted by Cal. P.U.C.)

Advise Letter No. 354-W Robert L. Kelly
Name

Date Filed 04/01/2021

Decision No. Vice President
Title

Effective 06/01/2021

Resolution No.

Suburban Water Systems
1325 N. Grand Ave. Ste. 100
Covina, CA 91724-4044

Revised Cal. P.U.C. Sheet No. 1755-W
Canceling Revised Cal. P.U.C. Sheet No. 1751-W

Form No. 18
LOW INCOME RATE ASSISTANCE PROGRAM

(To be inserted by utility)

Issued by

(To be inserted by Cal. P.U.C.)

Advise Letter No. 354-W Robert L. Kelly
Name

Date Filed 04/01/2021

Decision No. Vice President
Title

Effective 06/01/2021

Resolution No.



Do you ever



Suburban
Water Systems

A SouthWest Water Company

you had help
with your
water bills?

Suburban is pleased to announce the **Water Invoice**
and **Statement Help Program WISH—a low-income**
rate assistance program for qualifying residential customers.*

WISH provides an adjustment of \$7.39 on your water bill
each month, for Suburban customers on a low-income budget.

The easiest way to qualify for WISH is to demonstrate that you participate in your gas or electric utility's low-income assistance program. There are two ways to qualify:

OPTION 1: If you already participate in CARE, the Southern California Edison or Southern California Gas Company low-income assistance programs, simply fill out application (on reverse side) and mark Option 1, attach a copy of a recent Southern California Edison or Southern California Gas Company bill and mail it to: Suburban Water Systems, 1325 N. Grand Ave., Suite 100, Covina, CA 91724-4044.

OPTION 2: If you have a low-income budget, but do not participate in CARE, you may qualify by certifying that your household income meets the requirements shown in Option 2 on the reverse side. If you meet those requirements, fill out the application (on the reverse side) and mark Option 2, and mail it to: Suburban Water Systems, 1325 N. Grand Ave., Suite 100, Covina, CA 91724-4044.

WISH is not a retroactive program. Suburban Water Systems utilizes a biannual renewal process for this program and will send out renewal notices in advance of the renewal date. Qualified customers will begin receiving an adjustment in the month that follows their acceptance into the program. If you have additional questions about the WISH program or to obtain additional applications in English or Spanish, visit our web site at www.swwc.com/suburban/wish or call customer service at 800.203.5430 (TTY 877.405.1710).

*The California Public Utilities Commission has also approved WISH for qualified non-profit group living facilities, agricultural employee housing facilities, and migrant farm worker housing centers. Contact our customer service department at 800.203.5430 if you would like to receive an application for one of these types of residences.



Suburban Water Systems **WISH** Application

NAME

(As it appears on your water bill)

CUSTOMER ACCOUNT NUMBER

SERVICE ADDRESS

(Street)

(City)

(State)

(ZIP)

MAILING ADDRESS

(If different from your service address)

(Street)

(City)

(State)

(ZIP)

DAYTIME TELEPHONE NUMBER

(Area code)

TOTAL PERSONS LIVING IN YOUR HOUSEHOLD

Adults

+

Children

=

Total

Choose your option:

OPTION 1

☐

I do participate in CARE, the low-income assistance programs of either Southern California Edison or Southern California Gas Company. I am attaching a copy of a recent Southern California Edison or Southern California Gas Company bill to demonstrate my participation in CARE.

OPTION 2

☐

I do not participate in CARE, the low-income assistance programs of either Southern California Edison or Southern California Gas Company. However, I certify that I do qualify for WISH because my annual household income is below WISH's income guidelines, or I participate in a public assistance program.

HOUSEHOLD INCOME STATEMENT

Maximum Household Income

Your household's gross annual income must be below WISH's income guidelines:

Total persons in household Total combined annual income

1-2	\$34,840
3	\$43,920
4	\$53,000
5	\$62,080
6	\$71,160
7	\$80,240
8	\$89,320

For each additional person, add \$9,080 to the total combined annual income.

My annual household income is \$ _____.

Please fill in circle next to all sources of your household's annual income.

- ☐ Wages or salaries
- ☐ Interest and/or dividends from:
- ☐ Savings accounts
- ☐ Stocks or bonds, or
- ☐ Retirement accounts
- ☐ Unemployment benefits
- ☐ Rental or royalty income
- ☐ School grants, scholarships or other aid used for living expenses
- ☐ Profit from self-employment (IRS form Schedule C, Line 29)
- ☐ Disability payments
- ☐ Workers compensation
- ☐ Social Security, SSI, SSP
- ☐ Pensions
- ☐ Insurance settlements
- ☐ Legal settlements
- ☐ TANF (AFDC)
- ☐ Food stamps
- ☐ Child support
- ☐ Spousal support
- ☐ Cash and/or other income

The income guidelines listed above are effective June 1, 2021 through May 31, 2022.

PUBLIC ASSISTANCE PROGRAM ELIGIBILITY

Do you participate in any of the following programs? If so, please check (✓) the program(s) below.

- ☐ Medi-Cal/Medicaid
- ☐ Food Stamps/SNAP
- ☐ TANF/Tribal TANF
- ☐ WIC
- ☐ Healthy Families A&B
- ☐ LIHEAP
- ☐ SSI
- ☐ National School Lunch (NSL)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Head Start Income Eligible (Tribal Only)

DECLARATION

Please read carefully and sign:

The information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform Suburban Water Systems if I no longer qualify for WISH. I realize that if I receive the adjustment to my bill without qualifying for it, I may be required to return the adjustment I received. I understand that Suburban Water Systems can share my information with other utilities or their agents to enroll me in their assistance programs.



Suburban Water Systems

A SouthWest Water Company

Customer Signature

Date

1325 N. Grand Ave., Suite 100
Covina, CA 91724-4044

¿Alguna vez ha



**Suburban
Water Systems**

A SouthWest Water Company

deseado que le ayuden con su factura del agua?

Suburban tiene el gusto de anunciar el programa **Water Invoice and Statement Help** o **WISH**—un programa **de asistencia** con las facturas del agua para clientes residenciales de bajos ingresos que califiquen.*

WISH le ofrece un descuento de \$7.39 en su factura mensual del agua, para clientes de Suburban con un presupuesto de bajos ingresos.

La manera mas fácil de calificar para WISH es

comprobar que usted participa en el programa de asistencia para clientes de bajos ingresos de su compañía de gas o electricidad. Hay dos formas de calificar:

OPCIÓN 1: Si usted ya participa en CARE, el programa de asistencia para clientes de bajos ingresos de Southern California Edison o Southern California Gas Company, simplemente complete la solicitud (al reverso) y marque opción 1, incluya una copia reciente de su factura de Southern California Edison o Southern California Gas Company y envíela a: Suburban Water Systems, 1325 N. Grand Ave., Suite 100, Covina, CA 91724-4044.

OPCIÓN 2: Si usted tiene un presupuesto de bajos ingresos pero no participa en CARE, usted puede calificar al certificar que su hogar cumple con los requisitos señalados en Opción 2 al reverso. Si usted cumple con esos requisitos, complete la solicitud (al reverso) marque Opción 2 y envíela a: Suburban Water Systems, 1325 N. Grand Ave., Suite 100, Covina, CA 91724-4044.

WISH no es un programa retroactivo. Suburban Water Systems emplea un programa bianual para renovar su participación en este programa y enviará notificaciones anticipando la fecha de renovación. Clientes que califiquen empiezan a recibir el descuento el mes después de que Suburban haya recibido y aceptado su solicitud para participar en el programa. Si tiene preguntas sobre el programa WISH o quiere obtener solicitudes adicionales en inglés o en español, por favor visite nuestra página de Internet al www.swwc.com/suburban/wish o llame al servicio al cliente al 800.203.5430 (TTY 877.405.1710).

*La Comisión de Utilidades Públicas del Estado de California también aprobó el programa WISH para los siguientes centros que califiquen: centros de vivienda sin fines de lucro, complejos de vivienda para agricultores y centros de vivienda para los trabajadores agrícolas emigrantes. Si le gustaría recibir una solicitud para cualquiera de estos centros de vivienda llame a nuestro servicio al cliente al 800.203.5430.



Solicitud para el programa **WISH** Suburban Water Systems

NOMBRE

(Como aparece en su factura del agua)

NÚMERO DE CUENTA DEL CLIENTE

DIRECCIÓN DE LA CASA

(Calle)

(Ciudad)

(Estado)

(Código Postal)

DIRECCIÓN DE ENVIÓ DE CORREO

(Si es diferente a la dirección de casa)

(Calle)

(Ciudad)

(Estado)

(Código Postal)

NÚMERO DE TELÉFONO DURANTE EL DÍA

(Área)

NÚMERO TOTAL DE PERSONAS QUE VIVEN EN SU CASA

Adultos

+

Niños

=

Total

Escoja su opción:

OPCIÓN 1

- ☐ **Yo participo** en CARE, el programa de asistencia para clientes de bajos ingresos de Southern California Edison o Southern California Gas Company. Añadí una copia reciente de mi factura de Southern California Edison o Southern California Gas Company como muestra de mi participación en CARE.

OPCIÓN 2

- ☐ **Yo no participo** en CARE, el programa de asistencia para clientes de bajos ingresos de Southern California Edison o Southern California Gas Company. Sin embargo, yo certifico que califico para WISH porque el ingreso anual de mi hogar esta por debajo de los límites de WISH, o Yo participo en un programa de asistencia pública.

DECLARACIÓN DE INGRESOS DEL HOGAR

Ingreso Máximo del Hogar

El ingreso anual de su hogar antes de impuestos debe estar por debajo de los límites de ingresos establecidos por WISH:

Número total de personas que viven en su casa	Total de ingreso anual combinado
1-2	\$34,840
3	\$43,920
4	\$53,000
5	\$62,080
6	\$71,160
7	\$80,240
8	\$89,320

Por cada persona adicional añadida \$9,080 al ingreso total anual combinado.

El ingreso anual de mi casa es \$ _____.

Por favor llene el círculo que corresponda a cada fuente de ingreso anual de su casa

- | | |
|--|---|
| ☐ Sueldos y salarios | ☐ Pagos por incapacidad |
| ☐ Intereses y dividendos de: | ☐ Compensación al trabajador |
| ☐ Cuentas de ahorros, | ☐ Seguro Social, SSI, SSP |
| ☐ Acciones o bonos, o | ☐ Pensiones |
| ☐ Cuentas de jubilación | ☐ Conciliaciones del seguro |
| ☐ Beneficios de desempleo | ☐ Conciliaciones legales |
| ☐ Ingresos por rentas y regalías | ☐ TANF (AFDC) |
| ☐ Donaciones escolares, becas y otras ayudas para gastos de subsistencia | ☐ Estampillas de alimento |
| ☐ Utilidades como trabajador independiente (Formulario del IRS, form Schedule C, Línea 29) | ☐ Pensión para los hijos |
| | ☐ Pensión para el cónyuge |
| | ☐ Dinero en efectivo y otros ingresos |

Las guías de ingreso enumeradas arriba son efectivas Junio 1, 2021 a Mayo 31, 2022.

ELIGIBILIDAD PARA EL PROGRAMA DE ASISTENCIA PÚBLICA

¿ Usted o participa en al guño de los siguientes programas? Si es sí, favor de marcar (✓) el/los programa(s) abajo.

- | | | | |
|---|--|--|--|
| ☐ Medi-Cal/Medicaid | ☐ WIC | ☐ SSI | ☐ Oficina de Asuntos Indios Asistencia General |
| ☐ Vales para alimentos/SNAP | ☐ Healthy Families A&B | ☐ Programa de Almuerzo GRATUITO de Nacional School Lunch (NSL) | ☐ Ingresos de Head Start Elegibles (Solo Tribales) |
| ☐ TANF/Tribal TANF | ☐ LIHEAP | | |

DECLARACIÓN

Por favor lea detenidamente y firme:

Declaro que la información que proporciono en esta solicitud es veraz y correcta. Acepto proporcionar pruebas de mis ingresos, si es necesario. Estoy de acuerdo en informar a Suburban Water Systems si mi situación cambia y ya no califico para recibir el descuento. Comprendo que si recibo el descuento sin calificar para el mismo, se me podría pedir que devuelva el monto total del descuento recibido. Entiendo que Suburban Water Systems pueden compartir mi información con otras utilidades o a sus agentes para inscribirme en su programa de asistencia.



Suburban Water Systems

A SouthWest Water Company

1325 N. Grand Ave., Suite 100
Covina, CA 91724-4044

Firma del Cliente

Fecha

Suburban Water Systems
1325 N. Grand Ave., Ste. 100
Covina, CA 91724-4044

Revised
Canceling Revised

Cal. P.U.C. Sheet No. 1756-W
Cal. P.U.C. Sheet No. 1752-W

TABLE OF CONTENTS

<u>Subject Matter of Sheet</u>	<u>Cal. P.U.C. Sheet No.</u>
Title Page	1356-W
Table of Contents	1756-W, (T) 1721-W, 1757-W (T)
Preliminary Statement	1122-W, 1487-W, 1488-W, 1628-W – 1637-W 1640-W – 1641-W 1670-W – 1672-W 1674-W – 1675-W 1737-W
Service Area Maps:	
San Jose Hills Service Area Tariff Areas	1340-W
Whittier/La Mirada Service Area Tariff Areas	1341-W
Rate Schedules:	
Schedule SJ-1, San Jose Hills Service Area – Residential Metered Service	1738-W, 1745-W, 1647-W, 1726-W
Schedule SJ-2, San Jose Hills Service Area – Non-Residential Metered Service	1739-W, 1746-W, 1648-W, 1727-W
Schedule SJ-3, San Jose Hills Service Area – Recycled Water Metered Service	1740-W, 1747-W, 1616-W, 1666-W, 1728-W
Schedule WLM-1, Whittier/La Mirada Service Area – Residential Metered Service	1741-W, 1748-W, 1650-W, 1729-W
Schedule WLM-2, Whittier/La Mirada Service Area – Non-Residential Metered Service	1742-W, 1749-W, 1651-W, 1730-W
Schedule WLM-3, Whittier/La Mirada Service – Recycled Water Metered Service	1682-W 1690-W, 1623-W 1731-W
Schedule No. LIC-1, San Jose Hills and Whittier/La Mirada Service Areas Low Income Credit	1750-W, 1754-W (C)
Schedule No. UF, P.U.C. Reimbursement Fee	1735-W
Schedule No. 4, Private Fire Protection Service	1743-W, 1422-W 1732-W
Schedule No. 4A, Fire Hydrant Service on Private Property	1744-W, 1661-W 1733-W
Schedule No. 5, Public Fire Protection Service	880-W
Schedule No. 9-CF, Construction and Tank Truck Service	881-W
Schedule No. 14.1, Water Shortage Contingency Plan	1507-W – 1513-W
Schedule No. FF, Fire Flow Testing Charge	1349-W
Summary List of Contracts and Deviations	960-W
Rules:	
No. 1 Definitions	1698-W, 1699-W
No. 2 Description of Service	884-W
No. 3 Application for Service	885-W, 1108-W
No. 4 Contracts	887-W

(Continued)

(To be inserted by utility)

Issued by

(To be inserted by Cal. P.U.C.)

Advice Letter No. 354-W

Robert L. Kelly

Date Filed 04/01/2021

Name

Decision No. _____

Vice President

Effective 06/01/2021

Title

Resolution No. _____

Suburban Water Systems
1325 N. Grand Ave., Ste. 100
Covina, CA 91724-4044

Revised Cal. P.U.C. Sheet No. 1757-W
Canceling Revised Cal. P.U.C. Sheet No. 1753-W

TABLE OF CONTENTS
(Continued)

<u>Subject Matter of Sheet</u>	<u>Cal. P.U.C. Sheet No.</u>
Forms (Continued)	
No. 2 Customer Credit Deposit Receipt	1069-W
No. 3 Bill for Service	1584-W
No. 4 Main Extension Contract – Individuals	990-W
No. 5A Main Extension Contract – Distribution Plant Only, Fire Flow Requirements Meet General Order No. 103	991-W
No. 5B Main Extension Contract – Distribution Plant Only, Fire Flow Requirements Exceed General Order No. 103	992-W
No. 5C Main Extension Contract – Distribution Plant and Special Facilities, Fire Flow Requirements Meet General Order No. 103	993-W
No. 5D Main Extension Contract – Distribution Plant and Special Facilities, Fire Flow Requirements Exceed General Order No. 103	994-W
No. 5E Main Extension Contract – Distribution Plant With or Without Special Facilities, Not Subject to Refund	995-W
No. 6 Main Extension Contract, Special Facilities Only	996-W
No. 7 Water Shut-Off Notice	1626-W
No. 8 Final Water Shut-Off Notice	1627-W
No. 9 Waste of Water Notice	1073-W
No. 12 Third Party Notification	1074-W
No. 13 Application for Construction and Tank Truck Service under Schedule No. 9-CF	1075-W
No. 14 Uniform Fire Hydrant Service Agreement	955-W
No. 15 Indemnity Agreement for Income Tax Component of Contributions	956-W
No. 16 Collection Notice	1587-W
No. 17 Continuous Service Agreement	1121-W
No. 18 Low Income Ratepayer Assistance Program	1755-W (C)
No. 19 15-Day Notification	1261-W
No. 20 Fire Flow Availability and Will Serve Letter, Application Form	1350-W
No. 21 Confidentiality and Non-Disclosure Agreement	1479-W

(To be inserted by utility)

Issued by

(To be inserted by Cal. P.U.C.)

Advise Letter No. 354-W

Robert L. Kelly

Date Filed 04/01/2021

Name

Decision No.

Vice President

Effective 06/01/2021

Title

Resolution No.

**CALIFORNIA PUBLIC UTILITIES COMMISSION
DIVISION OF WATER AND AUDITS**

Advice Letter Cover Sheet

Utility Name: Suburban Water Systems

Date Mailed to Service List: April 1, 2021

District: n/a

CPUC Utility #: U – 339-W

Protest Deadline (20th Day): April 21, 2021

Advice Letter #: 354-W

Review Deadline (30th Day): May 1, 2021

Tier: ☒ ☐ ☐ ☒
1 2 3 Compliance

Requested Effective Date: June 1, 2021

Authorization: Energy Division Letter dated 3-30-21

Rate Impact: N/A

Description: Update the income eligibility guidelines for Low Income program in San Jose Hills and Whittier/La Mirada Service Areas.

The protest or response deadline for this advice letter is 20 days from the date that this advice letter was mailed to the service list. Please see the "Response or Protest" section in the advice letter for more information.

Utility Contact: Robert L. Kelly

Utility Contact: Kiki Carlson

Phone: (626) 543-2590

Phone: (626) 543-2553

Email: bkelly@swwc.com

Email: kcarlson@swwc.com

DWA Contact: Tariff Unit

Phone: (415) 703-1133

Email: Water.Division@cpuc.ca.gov

DWA USE ONLY

DATE

STAFF

COMMENTS

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

[] APPROVED

[] WITHDRAWN

[] REJECTED

Signature: _____

Comments: _____

Date: _____



**Suburban
Water Systems**

A SouthWest Water Company

1325 N. Grand Ave. Ste. 100, Covina, CA 91724-4044

Phone: 626.543.2500, Fax: 626.331.4848

www.swwc.com

U-339-W

VIA EMAIL

ADVICE LETTER NO. 354-W

April 1, 2021

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

Suburban Water Systems (“Suburban”) hereby transmits for filing the following changes in its tariff schedules applicable to its service area and which are attached hereto:

CPUC Sheet No.	Title of Sheet	Canceling CPUC Sheet No.
1754-W	Schedule No. LIC-1, San Jose Hills and Whittier/La Mirada Service Areas Low Income Credit (Continued)	1722-W
1755-W	Form No. 18 – Low Income Rate Assistance Program	1751-W
1756-W	Table of Contents	1752-W
1757-W	Table of Contents (Continued)	1753-W

Suburban hereby submits this advice letter to update the income qualification guidelines for its low income program.

In compliance with the California Public Utilities Commission (“Commission”) Energy Division’s letter dated March 30, 2021, Suburban updates its income qualification guidelines for the low income program in the San Jose Hills and Whittier/La Mirada service areas. The income eligibility guidelines presented in the letter are also being used by the Class A and B water utilities in determining their low-income rate assistance program income guidelines. The Energy Division’s letter dated March 30, 2021 determined that the income eligibility guidelines for June 1, 2021 – May 31, 2022 will be increased from the previous year.

Background

The Commission authorized Suburban’s Low Income Ratepayer Assistance (LIRA) program by D.08-02-036 dated February 28, 2008. Schedule No. LIC-1 – San Jose Hills and Whittier/La Mirada Service Areas Low Income Credit became effective on September 1, 2008 by Advice Letter 254-W.

The LIRA program is a rate assistance program whereby lower to middle income large household participants will be credited \$7.39 per month if the household’s income level and size meet the income guidelines set by the Commission for the California Alternate Rates for Energy (CARE) and the Energy Savings Assistance (ESA) Programs.

Tier Designation and Effective Date

This advice letter is submitted with a Tier 1 designation.

In compliance with Commission Energy Division’s letter dated March 30, 2021, this advice letter is effective for period June 1, 2021 – May 31, 2022.

Protest and Responses

Anyone may respond to or protest this advice letter. A response supports the filing and may contain information that proves useful to the Commission in evaluating the advice letter.

A protest objects to the advice letter in whole or in part and must set forth the specific grounds on which it is based. These grounds are:

- (1) The utility did not properly serve or give notice of the advice letter;
- (2) The relief requested in the advice letter would violate statute or Commission order, or is not authorized by statute or Commission order on which the utility relies;
- (3) The analysis, calculations, or data in the advice letter contain material error or omissions;
- (4) The relief requested in the advice letter is pending before the Commission in a formal proceeding; or
- (5) The relief requested in the advice letter requires consideration in a formal hearing, or is otherwise inappropriate for the advice letter process; or
- (6) The relief requested in the advice letter is unjust, unreasonable, or discriminatory (provided that such a protest may not be made where it would require relitigating a prior order of the Commission.)

A protest shall provide citations or proofs where available to allow staff to properly consider the protest.

A response or protest must be made in writing or by electronic mail and must be received by the Water Division within 20 days of the date this advice letter is filed. The address for mailing or delivering a protest is:

Tariff Unit, Water Division, 3rd floor
California Public Utilities Commission,
505 Van Ness Avenue, San Francisco, CA 94102
water_division@cpuc.ca.gov

On the same date the response or protest is submitted to the Water Division, the respondent or protestant shall send a copy by mail (or email) to us, addressed to:

Suburban Water Systems, Regulatory Affairs, 1325 N. Grand Avenue, Suite 100, Covina, CA 91724, FAX (626) 331-4848, or e-mail bkelly@swwc.com

Cities and counties that need Board of Supervisors or Board of Commissioners approval to protest should inform the Water Division, within the 20 day protest period, so that a late filed protest can be entertained. The informing document should include an estimate of the date the proposed protest might be voted on.

Replies: The utility shall reply to each protest and may reply to any response. Each reply must be received by the Division of Water and Audits within 5 business days after the end of the protest period, and shall be served on the same day to the person who filed the protest or response.

If you have not received a reply to your protest within 10 business days, contact Suburban Water Systems at (626) 543-2500.

This filing will not cause the withdrawal of service, nor conflict with other schedules or rules.

In compliance with General Order 96-B, Industry Rule 4.3, a copy of this advice letter has been mailed or electronically transmitted to all interested and affected parties as detailed in Attachment A.

Sincerely,

/s/Robert L. Kelly

ROBERT L. KELLY
Vice President, Regulatory Affairs

Enclosures

SUBURBAN WATER SYSTEMS
Distribution List

Attachment A

Page 1 of 3

Director Of Public Works
City of Whittier
13230 E. Penn Street
Whittier, CA 90602

City Clerk
City of West Covina
P.O. Box 1440
West Covina, CA 91793

City Attorney
City of Whittier
13230 E. Penn Street
Whittier, CA 90602

City Clerk
City of La Mirada
P.O. Box 828
La Mirada, CA 90638

Michael Gualtieri
La Habra Heights County Water District
P.O. Box 628
La Habra, CA 90633-0628

City Attorney
City of Baldwin Park
14406 E. Pacific Ave.
Baldwin Park, CA 91706

City Clerk
City of Industry
P.O. Box 3366
Industry, CA 91744

County Clerk
Orange County
10 Civic Center Plaza, 3rd. Floor
Santa Ana, CA 92701

City Clerk
City of Covina
125 East College Blvd.
Covina, CA 91723

City Attorney
City of Covina
125 East College Blvd.
Covina, CA 91723

Director of Public Works
City of Buena Park
6650 Beach Blvd.
Buena Park, CA 90621

City of Santa Fe Springs
Department of Public Works
11710 E. Telegraph Road
Santa Fe Springs, CA 90670

Bill Robinson
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SUBURBAN WATER SYSTEMS

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Page 2 of 3

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SUBURBAN WATER SYSTEMS

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