

Leavitt Lake Community Services District

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Subject: SB 998- Discontinuation of Residential Water Service for Nonpayment Policy	Policy No. P01-2022
	Effective Date: 06/21/22

REFERENCE:

This policy is established under the authority extended to Leavitt Lake Community Service District (CSD)('District') by the California Health and Safety Code, Division 104, Part 12, Chapter 6, "Discontinuation of Residential Water Service."

PURPOSE:

The purpose of this policy is to define the conditions and procedures for discontinuing residential water service due to an account holders' nonpayment of water charges, including how account holders and/or occupants are notified by this policy, how they may obtain a payment arrangement or alternative payment schedule, how they may contest or appeal water charges, and how they may restore service after it has been discontinued for nonpayment.

Pursuant to California Health & Safety Code section 116904, Leavitt Lake CSD must provide a "Discontinuation of Residential Water Service" policy on or before February 1, 2020.

POLICY:

It is the District's policy to notify residential customers of an impending discontinuation of residential water service due to nonpayment of water charges. Residential water service shall not be discontinued for nonpayment until the following three (3) conditions are met:

1. Water charges are delinquent for at least sixty (60) Days;
2. The account holder and/or occupants have been notified of this policy in writing no less than ten (10) days before discontinuation of service; and
3. The account holder has:
 - a. Failed to obtain or maintain a payment arrangement or alternative payment schedule with the Utility Billing Division for 60 days or more; or
 - b. Not timely contested or appealed the water charges to the Utility Billing Division;Or

- c. Not paid current water charges for 60 days or more.

These three conditions are further described as follows:

Condition (1) – delinquent water charges

For the purpose of this policy, water charges will be considered delinquent if all or part of the water charges has not been paid for at least 60 days from the billing due date.

The District shall provide written or telephone notification to an account holder and/or occupant of the delinquent charges no less than ten (10) business days before discontinuation of residential service for nonpayment.

If the District fails to reach the customer by telephone or written notice is returned as undeliverable, the District shall make a “good faith effort” to visit the residence and leave, in a conspicuous place, notice of their imminent discontinuation for nonpayment and a copy of this policy for discontinuation of residential water service. After termination, the District shall provide discontinued customers with information on how to restore residential water services.

Where the District provides individually metered residential water services, the District must provide renters with written notice prior to discontinuation of service due to nonpayment by their landlord.

Condition (2) – notification of this policy

This policy will be provided to the customer and will include the following:

- a. The account holder’s name and service address;
- b. The amount of the delinquency;
- c. The date by which payment or an arrangement for payment is required in order to avoid discontinuation of water services;
- d. Instructions on how to apply for a payment arrangement or alternative payment schedule; and
- e. Instructions on how to contest or appeal water charges.

Written Notice: A written notification shall be delivered either by U.S. mail, or by personal delivery. For those account holders who receive a paper bill, notice will be sent to the account holder’s postal address and the service address, if the two addresses are not the same. When U.S. mail is not possible, personal delivery will be to the service address, and the notice will be left in a conspicuous place or wherever field personnel can safely post the notice.

Condition (3)

a) – obtaining payment arrangements or alternative payment schedules

The District shall offer a payment arrangement or alternative payment schedule once the account holder submits the following information by the date indicated on the notice (See Condition(2)):

- a. Certification of Primary Care Provide – this form (**Form 998 – A**) certifies that discontinuation of water service poses a serious threat to the health and safety of residents living at the service address.

- b. Certification of Financial Hardship – this form (**Form 998 – B**) provides supporting documents and certifies that the residents living at the service address are unable to pay for water within the District’s normal billing cycle.

-OR-

Declaration of Household Income – this form (**Form 998 – B2**) Provides supporting documentation for the Certification of Financial Hardship and is used to declare that the household’s income is less than 200% of the federal poverty level.

The account holder shall submit the aforementioned forms to Leavitt Lake CSD, located at 471-830 Buffum Lane, Susanville, Ca 96130; or via fax 530-257-7984 or via email at LeavittCSD1@frontier.com. Upon receipt of the aforementioned forms, Utility Billing will contact the account holder within 15 business days and offer to enter the payment arrangement in writing on a Districts provided form (**Form 998 – C**). Payment arrangement or alternative payment schedule may only be made between the District and the account holder. Once agreed upon, a payment arrangement or alternative payment schedule may not be extended or modified. A payment arrangement or alternative payment schedule shall be considered null or void if any part of it is not kept for 60 days or more (see Condition (3)(c) current water charges).

b) – contesting or appealing water charges

An account holder may contest or appeal the accuracy of the charges or the customer’s liability for payment. Water charges may be contested or appealed by filling a written request with the Districts Clerk, located at 471-830 Buffum Lane, Susanville, Ca 96130. Matters such as the quality of service, rates or service, or the terms and conditions of payment arrangement or alternative payment schedule may not be contested or appealed to the Utility Billing.

c) – current water charges

For the purpose of this policy, current water charges shall mean any charges billed after those that have been addressed by a payment arrangement or alternative payment schedule. Current water charges not paid for 60 days or more shall cause the water service to be shut off for nonpayment. Current water charges shall be ineligible for a payment arrangement or alternative payment schedule if a payment arrangement or alternative payment schedule for a previous bill is already in effect.

Restoral of Service

After service has been shut off for nonpayment, Utility Billing shall provide information to the account holder on how to restore residential water service. If any deposit is on account, the District will apply the delinquent due to cover charges and at time of restoral of service the customer will be required to pay the different to bring the deposit back to our current rate. Beginning February 1, 2020, a service disconnection fee will be \$20 and service restoral fee shall be \$50.00 during business hours and \$150 after business hours for all customers. Restoral fees shall be subject to annual adjustment for changes in the Consumer Price Index starting January 2022. Services that are off and/or locked cannot reestablish after hours if the disruption is due to nonpayment and/or dishonored checks.

Miscellaneous Policy Provisions

Languages. This policy, and all written notices required under this policy, will be available in English and Spanish.

Contact. A District representative is available to speak with account holders during regular business hours at 530-257-7977 to discuss this policy as well as options for averting discontinuation of residential service for nonpayment.

Posting of Policy. The District will post this policy on the Districts website.

Systems to Report Discontinuations. Utility Billing shall report the number of annual discontinuations of residential water service for inability to pay on the Districts website and report to the State Water Resources Control Board.

Applicability of Policy. This policy does not apply to the termination by the District of a service connection for any other purpose.

Certification of Primary Care Provider

THIS SECTION TO BE FILLED OUT BY ACCOUNT HOLDER

Account Number

Service Address

Account Holder Name

Person Receiving Primary Care

Date of Bill seeking Payment Arrangement

Amount of Bill Seeking Payment Arrangement

I, the account holder, certify under penalty of perjury that the above-named person receiving primary care resides at the service address.

Account Holder Signature

Phone Number

THIS SECTION TO BE FILLED OUT BY PRIMARY CARE PROVIDER

Name of Primary Care Provider

Name of Clinic or Medical Facility

Clinic Address

Clinic Phone Number

National Provider Identifier

Person Receiving Primary Care

I, the primary care provider, certify under penalty of perjury that I provide care to the above-name person and that discontinuation of water service to this person would pose a serious threat to his or her health safety.

Primary Care Provider Signature



Certification of Financial Hardship

THIS SECTION TO BE FILLED OUT BY ACCOUNT HOLDER

Account Number	Service Address
Account Holder Name	Number of Members in Household
Date of Bill seeking Payment Arrangement	Amount of Bill Seeking Payment Arrangement

1. Which of the following forms of assistance are currently utilized by the household?
 (Only one member of the household need to provide proof of assistance to complete this form.)

Assistance	Recipient Name	Proof Required
Medi-Cal		Notice of Action from Stanislaus Co Human Services Dept
Ca1works		Social Security Benefit Verification Letter
CalFresh		Notice of Action from Stanislaus Co Human Services Dept
General Assistance		Notice of Action from Stanislaus Co Human Services Dept
WIC		WIC Card + Valid California ID
(None)		Declaration of Household Income – Form 998-B2

2. Certificate of Financial Hardship

I, the undersigned, declare under penalty of perjury under the laws of the State of California that I am the recipient of the above-indicated assistance, that I have provided proof of this, and that I am a member of household of the service address indicated above.

Recipient Name	Account Holder Name
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Agreement for Payment Arrangement

THIS SECTION TO BE COMPLETED BY LEAVITT LAKE CSD STAFF

The following payment arrangement is proposed between Leavitt Lake Community Service District (CSD) and the account holder named below. The account holder must sign this agreement for the payment arrangement to take effect.

Account Number	Service Address	
Account Holder Name	Date	Past Due Amount

Payment Arrangement Schedule

#	Minimum Payment Amount	Due By Date	Remaining Balance After Payment
1.			
2.			
3.			
4.			
5.			
6.			

- Per Section 116910.(b)(2) of the California Health & Safety Code, the District staff may choose the payment option the account holder undertakes and may set the parameters of that payment option.
- Payment arrangement or alternative payment schedules may only be made between the District Staff and the account holder.
- An account holder may only have one payment arrangement or alternative payment schedule per account at a time.
- A payment arrangement or alternative payment schedule shall be considered null and void if any part of it is not kept for 60 calendar days or more, or if water charges contained in current bills are not paid for 60 days or more.
- Currently utility bill amounts must be paid in full by the billing date. Payment arrangement amounts may be paid ahead of schedule or in excess of the scheduled amount. All payments will apply against the oldest charges first. Failure to pay current bill amount by the bill's due date will result in shutoff of service as soon as those amounts are 60 days overdue.

In accordance with the Leavitt Lake CSD Policy, to avoid disconnection of service, I, the account holder, agree to the payment arrangement described above. I understand that I must pay \$_____ **in addition to my regular monthly payment.** I also understand that if I do not abide by this contract that my services could be terminated with no further notice.

Account Holder Signature	Date

THIS SECTIONS TO BE COMPLETED BY DISTRICT STAFF

Date & Time Received	Received By