

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102-3298



July 12, 2022

Kristina Remelius
Analyst - Rates & Regulatory
California-American Water Company
520 Capitol Mall Ste. 630
Sacramento, CA 95814

Dear Ms. Remelius,

The Water Division of the California Public Utilities Commission has approved California-American Water Company's Advice Letter No. 1374, filed on May 31, 2022, regarding authorization to Update Customer Assistance Program Guidelines.

Enclosed are copies of the following revised tariff sheets, effective June 1, 2022, for the utility's files:

P.U.C. Sheet No.	Title of Sheet
10470-W	Customer Assistance Program, Sheet 1 Application Cover Letter and Form in English and Spanish
10471-W	Schedule No. CA-CAP, California American Water Customer Assistance Program, Sheet 8
10472-W	Table Of Contents (Continued), Sheet 9
10473-W	Table Of Contents, Sheet 6
10474-W	Table Of Contents, Sheet 5
10475-W	Table Of Contents, Sheet 4
10476-W	Table Of Contents, Sheet 2
10477-W	Table Of Contents, Sheet 1

Please contact Carmen Rocha at MDC@cpuc.ca.gov or 415-703-2162, if you have any questions.

Thank you.

Enclosures

CALIFORNIA PUBLIC UTILITIES COMMISSION DIVISION OF WATER AND AUDITS

Advice Letter Cover Sheet

Utility Name: California American Water

Date Mailed to Service List: May 31, 2022

District: All Districts

CPUC Utility #: U210W

Protest Deadline (20th Day): June 19, 2022

Advice Letter #: 1374

Review Deadline (30th Day): June 29, 2022

Tier 1 2 3 Compliance

Requested Effective Date: June 1, 2022

Authorization

Description: Update Customer Assistance Program Guidelines

Rate Impact: \$See AL
See AL%

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: Kristina Remelius

Utility Contact: Jonathan Morse

Phone: 916-568-4234

Phone: 916-568-4237

Email: Kristina.Remelius@amwater.com

Email: Jonathan.morse@amwater.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[] WITHDRAWN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: _____



4701 Beloit Drive
Sacramento, CA 95838
www.amwater.com

P (916)-568-4251
F (916) 568-4260

May 31, 2022

ADVICE LETTER NO. 1374

TO THE PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

California-American Water Company (“California American Water”) (U210W) hereby submits for review this advice letter, including the attached tariff sheets applicable to all districts.

Request

This advice letter is being made to update the Customer Assistance Program (CAP) income guidelines for the 2022-2023 year in compliance with Public Utilities Code Section 739.1. As stated in the Public Utilities Commission Energy Division’s March 11, 2022 letter, income guidelines/limits should be updated as follows:

Household Size	CARE & Energy Savings Assistance Program (CAP program)
1-2	\$36,620
3	\$46,060
4	\$55,500
5	\$64,940
6	\$74,380
7	\$83,820
8	\$93,260
Each Additional person	\$9,440

Tier Designation:

Pursuant to General Order 96-B, this advice letter is submitted with a Tier 1 designation.

Effective Date:

California American Water requests an effective date of June 1, 2022, consistent with the date of the new income guidelines.

Service List:

Service Lists – In accordance with General Rules 4.3 and 7.2, and Water Industry Rule 4.1, of General Order (GO) 96-B, Cal-Am served copies of AL 1374 to adjacent utilities and other parties requesting such notification, on May 31, 2022. Please note that, consistent with the Commission’s guidelines for service during the COVID-19 pandemic, this advice letter is only being distributed electronically.

RESPONSE OR PROTEST¹

¹ G.O. 96-B, General Rule 7.4.1

Anyone may submit a response or protest for this AL. When submitting a response or protest, **please include the utility name and advice letter number in the subject line.**

A **response** supports the filing and may contain information that proves useful to the Commission in evaluating the AL. A **protest** objects to the AL in whole or in part and must set forth the specific grounds on which it is based. These grounds² are:

1. The utility did not properly serve or give notice of the AL;
2. The relief requested in the AL 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 AL contain material error or omissions;
4. The relief requested in the AL is pending before the Commission in a formal proceeding;
or
5. The relief requested in the AL requires consideration in a formal hearing, or is otherwise inappropriate for the AL process; or
6. The relief requested in the AL is unjust, unreasonable, or discriminatory, provided that such a protest may not be made where it would require re-litigating a prior order of the Commission.

A protest may not rely on policy objections to an AL where the relief requested in the AL follows rules or directions established by statute or Commission order applicable to the utility. A protest shall provide citations or proofs where available to allow staff to properly consider the protest.

DWA must receive a response or protest via email (**or** postal mail) within 20 days of the date the AL is filed. When submitting a response or protest, **please include the utility name and advice letter number in the subject line.**

The addresses for submitting a response or protest are:

Email Address:
Water.Division@cpuc.ca.gov

Mailing Address:
CA Public Utilities Commission
Division of Water and Audits
505 Van Ness Avenue
San Francisco, CA 94102

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 e-mail) to us, addressed to:

Recipients:
Kristina Remelius
*Rates and Regulatory
Analyst*

E-Mail:
Kristina.Remelius@amwater.com

Mailing Address:
520 Capitol Mall St 630
Sacramento, CA 95814
Fax: (916) 568-4277

Sarah E. Leeper
*Vice President – Legal,
Regulatory*

sarah.leeper@amwater.com

555 Montgomery Street, Ste.
816
San Francisco, CA 94111

² G.O. 96-B, General Rule 7.4.2

CA Rates

ca.rates@amwater.com

Fax: (415) 863-0615

4701 Beloit Drive
Sacramento, CA 95838
Fax: (916) 568-4260

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.

REPLIES³

The utility shall reply to each protest and may reply to any response. Any reply must be received by DWA within five business days after the end of the protest period, and shall be served on the same day on each person who filed the protest or response to the AL.

The actions requested in this advice letter are not now the subject of any formal filings with the California Public Utilities Commission, including a formal complaint, nor action in any court of law.

If you have not received a reply to your protest within 10 business days, contact Kristina Remelius at (916) 568-4234.

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

CALIFORNIA-AMERICAN WATER COMPANY

/s/ Kristina Remelius

Kristina Remelius
Rates and Regulatory Analyst

³ G.O. 96-B, General Rule 7.4.3

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
10470-W	Customer Assistance Program Application Cover Letter and Form in English and Spanish Sheet 1	9985-W
10471-W	Schedule No. CA-CAP California American Water CUSTOMER ASSISTANCE PROGRAM Sheet 8	10246-W
10472-W	TABLE OF CONTENTS (Continued) Sheet 9	9994-W
10473-W	TABLE OF CONTENTS Sheet 6	10156-W
10474-W	TABLE OF CONTENTS Sheet 5	10468-W
10475-W	TABLE OF CONTENTS Sheet 4	10349-W
10476-W	TABLE OF CONTENTS Sheet 2	10451-W
10477-W	TABLE OF CONTENTS Sheet 1	10469-W

CALIFORNIA-AMERICAN WATER COMPANY

655 W. Broadway, Suite 1410

San Diego, CA 92101

Cancelling
Original

Revised
Original

Cal. P.U.C. Sheet No.
Cal. P.U.C. Sheet No.

10470-W
9985-W

Customer Assistance Program Application Cover Letter and Form
in English and Spanish

Sheet 1

(See Attached Form)

(Continued)

(TO BE INSERTED BY UTILITY)

Advice 1374
Decision

ISSUED BY

J. T. LINAM
DIRECTOR - Rates & Regulatory

(TO BE INSERTED BY C.P.U.C.)

Date Filed 05/31/2022
Effective 06/01/2022
Resolution _____



CALIFORNIA
AMERICAN WATER

WE KEEP LIFE FLOWING®

ABOUT THE PROGRAM / INFORMACIÓN SOBRE EL PROGRAMA

California American Water's customer assistance program provides assistance to low-income families. / *El programa de asistencia al cliente de California American Water ofrece ayuda a familias de bajos ingresos.*

Eligible members are determined based on a household's gross yearly income (see the income guidelines chart) or participation in qualifying public assistance programs. If your household meets the necessary requirements, assistance will be provided in the form of a monthly discount on your water or sewer charges. / *Para determinar si los miembros califican, se utilizan los ingresos brutos anuales del hogar (ver la gráfica de requisitos de ingresos) o la participación en programas de asistencia pública. Si su hogar llena los requisitos necesarios, se le dará asistencia en forma de un descuento mensual en sus cargos de agua y alcantarillado.*

For assistance, call 888-237-1333, or visit californiaamwater.com. See application on the reverse side. / *Para obtener ayuda, llame al 888-237-1333, o ingrese a californiaamwater.com. Consulte la solicitud al reverso.*

For details on how we treat the information you have provided to us on the form on the reverse, and your privacy rights and how to exercise them, including how to exercise a "do not sell" opt-out, visit our website www.amwater.com/corp/privacy-policy or contact us at 1-844-297-5952. / Para obtener detalles sobre cómo tratamos la información que nos ha proporcionado en el formulario al dorso, y sus derechos de privacidad y cómo ejercerlos, incluido cómo ejercer la opción de "no vender", visite nuestro sitio web www.amwater.com/corp/privacy-policy o comuníquese con nosotros al 1-844-297-5952.

CUSTOMER ASSISTANCE PROGRAM

CUSTOMER ASSISTANCE PROGRAM / PROGRAMA DE ASISTENCIA AL CLIENTE

TO QUALIFY FOR CUSTOMER ASSISTANCE / REQUISITOS PARA LA ASISTENCIA AL CLIENTE

- You must be an individually metered or flat-rate residential customer, or have residential sewer services with California American Water. / *Usted debe ser un cliente residencial con contador individual, o tener servicios residenciales de alcantarillado con California American Water.*
- The water bill must be in your name. / *La factura de agua debe estar a su nombre.*
- You may not be claimed as a dependent on another person's tax return. / *No puede figurar como dependiente en la declaración de impuestos de otra persona.*
- You must reapply if you change your personal residence. / *Debe volver a presentar la solicitud cada vez que cambie su lugar de residencia.*
- You must renew your application every two years, or sooner, if requested. / *Debe renovar su solicitud cada dos años, o antes, si se le solicita.*
- You or someone in your household must participate in a qualifying public assistance program (see list of qualifying programs in the application on the reverse) OR your total annual income cannot exceed that on the chart below. Total income means the total income of ALL persons living full-time in your home as reported on Federal Income Tax Form 1040. / *Usted o alguien en su hogar debe participar en un programa de asistencia pública que califique (ver por detrás del formulario de solicitud la lista de programas que califican) O el total de sus ingresos anuales no puede superar el de la gráfica que hay a continuación. El total de los ingresos significa los ingresos de TODAS las personas que viven de tiempo completo en su hogar, de acuerdo con lo que hayan reportado en el Formulario de Impuestos Federales 1040.*
- California American Water must be notified within 30 days if you become ineligible for the customer assistance program. / *Deberá notificar a California American Water dentro de los 30 días si deja de ser elegible para el programa de asistencia al cliente.*

INCOME GUIDELINES / REQUISITOS DE INGRESOS

(Effective June 1, 2022 to May 31, 2023 /

Vigentes desde el 1 de junio de 2022 hasta el 31 de mayo de 2023)

Number of Persons in Household / Cantidad de personas en el grupo familiar	Total Combined Annual Income / Ingreso anual combinado total
1-2	\$36,620
3	\$46,060
4	\$55,500
5	\$64,940
6	\$74,380
7	\$83,820
8	\$93,260
Each Additional Person, Add / Cada Persona Adicional, Agregue	\$9,440

APPLICATION: Customer Assistance Program/Payment Assistance

SOLICITUD: Programa de asistencia al cliente/Ayuda con los pagos

Mail completed application to / Envíe la solicitud completa a: California American Water, 655 W. Broadway, Suite 1410, San Diego, CA 92101

Email completed application with a copy of your water bill to / Envíe por correo electrónico la solicitud completa con una copia de su factura de agua a: ca.paymentassistance@amwater.com

Once you apply, you are enrolled for 2 years and/or if you recently signed up for service in the past year there is no need to complete another application. / Una vez que usted haya aplicado queda inscrito por dos años y/o si usted se inscribió recientemente para servicios en el último año no hay necesidad de completar otra solicitud.

Please fill out the form below and attach the following / Complete al formulario que figura a continuación y adjunte lo siguiente:

California American Water bill / La factura de California American Water

CALIFORNIA AMERICAN WATER CUSTOMER INFORMATION /

INFORMACIÓN DEL CLIENTE DE CALIFORNIA AMERICAN WATER: (please type or print / imprima o escriba en letra de imprenta)

Customer Account Number / Número de cuenta del cliente 1 0 1 5 -

Have you applied/enrolled in this program in the past? / ¿Ha aplicado usted antes o ha estado inscrito en este programa? Yes / Sí No / No

Name / Nombre Home Address / Dirección Particular (As it appears on your bill / Como aparece en su factura) (Do NOT use a P.O. Box / NO utilice un apartado postal - PO Box)

City / Ciudad CA Zip Code / Código Postal de CA

Mailing Address / Dirección de correo City / Ciudad (If different from above address / Si es diferente de la dirección que figura arriba)

CA Zip Code / Código Postal de CA Daytime Telephone Number / Número telefónico diurno (Please include area code / Incluya el código de área)

MAXIMUM HOUSEHOLD INCOME /

INGRESO FAMILIAR MÁXIMO: (effective June 1, 2022 to May 31, 2023 / vigentes desde el 1 de junio de 2022 hasta el 31 de mayo de 2023)

Your Household's gross annual income may not exceed these CARE income guidelines. / Su ingreso anual bruto familiar no debe estos requisitos de ingresos de CARE.

Table with 2 rows: Number of Persons in Household, Total Combined Annual Incomes. Columns for 1-2, 3, 4, 5, 6, 7, 8 persons and Each Additional Person.

PUBLIC ASSISTANCE PROGRAM ELIGIBILITY / ELEGIBILIDAD PARA EL PROGRAMA DE ASISTENCIA PÚBLICA

(CHECK all programs you or someone in your household participate in / MARQUE todos los programas en los que usted o alguien en su grupo familiar participan)

- Medicaid/Medi-Cal (under age 65)/Medicade / Medi-Cal (menor de 65 años de edad)
Medicaid/Medi-Cal (age 65 and over)/Medicade / Medi-Cal (de 65 años de edad y mayores)
Supplemental Security Income (SSI) / Programa federal de seguridad de ingreso suplementario
National School Lunch Program (NSLP) / Programa nacional de almuerzos escolares
Women, Infants and Children (WIC) / Programa para mujeres, lactantes y niños
Healthy Families A & B / Programas Healthy Families A y B (Familias Saludables)
CalWORKs (TANF) or Tribal TANF / CalWORKs (TANF) o TANF Tribal
Low Income Home Energy Assistance Program (LIHEAP) / Programa de ayuda para energía para hogares con recursos limitados
CalFresh/SNAP (Food Stamps) / CalFresh/SNAP (Sellos para alimentos)
Bureau of Indian Affairs General Assistance / Ayuda General de la Oficina de Asuntos Indígenas
Head Start Income Eligible (Tribal Only) / Elegibilidad de ingresos para el programa Head Start (Tribal solamente)

HOUSEHOLD INCOME ELIGIBILITY / ELIGIBILIDAD DEL INGRESO FAMILIAR

(CHECK all sources of household income / MARQUE todas las fuentes de ingreso familiar)

- Pensions / Pensiones
Social Security / Seguro Social
SSP or SSDI / SSP o SSDI
Interests/Dividends from: Savings, Stocks, Bonds, or Retirement Accounts / Intereses/Dividendos de: ahorros, acciones, bonos, o cuentas de jubilación
Wages and/or Profits from Self-Employment / Salarios o ganancias de empleo por cuenta propia
Rental or Royalty Income / Ingreso por alquileres o regalías
Unemployment Benefits / Beneficios por desempleo
Disability or Workers Compensation Payments / Pagos por incapacidad o de Compensación laboral
Scholarships, Grants or other aid for living expenses / Becas escolares, subvenciones u otras ayudas para gastos de vida
Insurance or Legal Settlements / Indemnizaciones de seguros o judiciales
Spousal or Child Support / Cuotas de manutención de cónyuge o de hijos
Cash and/or Other Income / Efectivo u otros ingresos

Number of people living in your household* / Cantidad de personas que viven en su hogar* Adults/Adultos Children/Niños Total/Total

Total Annual Household Income* / Ingreso familiar anual total*: \$, *REQUIRED / NECESARIO

DECLARATION / DECLARACIÓN: (please read carefully and sign below / lea cuidadosamente y firme al pie)

I state that 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 California American Water if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that California American Water can share my information with other utilities or their agents to enroll me in their assistance programs. / Yo afirmo que la información que he suministrado en esta solicitud es verdadera y correcta. Acuerdo presentar comprobantes de ingresos si se me solicita. Acuerdo informar a California American Water si dejo de calificar para recibir descuentos. Entiendo que si recibo el descuento sin ser elegible para ello, puedo estar obligado a devolver el monto de descuento que haya recibido. Entiendo que California American Water puede compartir mi información con otras compañías de servicios públicos o sus agentes para mi inscripción en sus programas de ayuda.

X California American Water Customer Signature / Firma del cliente de California American Water Date / Fecha

Schedule No. CA-CAP
California American Water
CUSTOMER ASSISTANCE PROGRAM

Sheet 8

SPECIAL CONDITIONS APPLICABLE TO CUSTOMER ASSISTANCE PROGRAM

General Items

1. **Customer Assistance Program (CAP):** As reflected in this tariff, qualifying customers receive a surcredit, as noted above, per month per qualifying residential customer. Customers must apply with the Company for acceptance into the Customer Assistance Program. Qualification criteria are outlined below. This program is also known as the H2O Help to Others Program. Effective June 1, 2022 to May 31, 2023. (C)

a. **CAP Household:** A CAP Household is a household where the total gross income from all sources, including total income from all persons living full-time in the household, is less than shown on the table below based on the number of persons in the household. Total gross income shall include both taxable and non-taxable income. Persons who are claimed as a dependent on another person's income tax return are not eligible for this program. The California American Water bill must be in the customer's name. (C)

Household Size	CARE & Energy Savings Assistance Program (CAP)
1-2	\$36,620
3	\$46,060
4	\$55,500
5	\$64,940
6	\$74,380
7	\$83,820
8	\$93,260
Each Additional person	\$9,440

b. **Application and Eligibility Declaration:** An application and eligibility declaration on a form authorized by the Commission is required for each request for service under this schedule. Renewal of a customer's eligibility declaration will be required every two years and may be required on an annual basis. Customers are only eligible to receive service under this rate schedule at one residential location at any one time, and the rate applies only to the customer's permanent primary residence. This schedule is not applicable where, in the opinion of the Company, either the accommodation or the occupancy is transitory. Customers may self-certify and may be requested to present documentation verifying participation in a customer assistance program (C)

(Continued)

(TO BE INSERTED BY UTILITY)	ISSUED BY	(TO BE INSERTED BY C.P.U.C.)
Advice 1374	J. T. LINAM	Date Filed <u>05/31/2022</u>
Decision	DIRECTOR - Rates & Regulatory	Effective <u>06/01/2022</u>
		Resolution _____

TABLE OF CONTENTS (Continued)

Sheet 9

<u>SUBJECT MATTER OF SHEET</u>	<u>C.P.U.C. SHEET NO.</u>	
<u>SAMPLE FORMS (Continued):</u>		
Los Angeles County District Only		
<i>(Baldwin Hills Service Area)</i>		
Annual Bill Calculation Insert	4007-W	
<i>(Duarte Service Area)</i>		
Annual Bill Calculation Insert	4008-W	
<i>(San Marino Service Area)</i>		
Annual Bill Calculation Insert	4009-W	
Monterey County District Only		
Form EI-M1 – Emergency Interconnection Agreement – New Service	1971-W	
Form EI-M2 – Emergency Interconnection Agreement – Existing Service	1972-W	
Annual Bill Calculation Insert	4010-W	
Conservation Door Hanger	6132-W	
<i>(Ambler Park Service Area)</i>		
Annual Bill Calculation Insert	4011-W	
<i>(Bishop Service Area)</i>		
Annual Bill Calculation Insert	4012-W	
<i>(Highway 68 Corridor Service Area)</i>		
Annual Bill Calculation Insert	4013-W	
San Diego County District Only		
Form No. 9-SD – San Diego County Application for Water Service	869-W	
Annual Bill Calculation Insert	4006-W	
Ventura County District Only		
Form No. VN-FP – Application for Fire Protection Service	2912-W	
Form No. VN-SC1 – Application for Special Connection	2928-W	
Annual Bill Calculation Insert	4014-W	
California Assistance Program (CAP)		
CAP Cover Letter and Form in English and Spanish	10470-W	(C)
CAP Denial Letter in English	9986-W	
CAP Denial Letter in Spanish	9987-W	
CAP Opt Out Cover Letter in English	9988-W	
CAP Opt Out Cover Letter in Spanish	9989-W	
CAP Re-Enrollment Letter in English	9990-W	
CAP Re-Enrollment Letter in Spanish	9991-W	
CAP Resubmit Application in English	9992-W	
CAP Resubmit Application in Spanish	9993-W	

(Continued)

(TO BE INSERTED BY UTILITY)

Advice 1374
Decision

ISSUED BY

J. T. LINAM
DIRECTOR - Rates & Regulatory

(TO BE INSERTED BY C.P.U.C.)

Date Filed 05/31/2022
Effective 06/01/2022
Resolution _____

TABLE OF CONTENTS

Sheet 6

<u>SUBJECT MATTER OF SHEET</u>		<u>C.P.U.C. SHEET NO.</u>	
<u>RULES:</u> (Continued)			
No. 19	Service to Separate Premises and Multiple Units and Resale	6776-W	(L)
No. 20	Fire Protection	6777-W	(L)
No. 21	Water Conservation	6778-W	(L)
No. 22	The Military Family Financial Relief Act	6779-W, 6780-W	(L)
No. 23	Customer Information Sharing	6781-W	(L)
 <u>SAMPLE FORMS:</u>			
<u>All Areas:</u>			
<u>Billing & Payment:</u>			
	Bill for Water Service	8862-W	
	Billing History for Sewer Company	4098-W	
	Billing – Leak Adjustment – Manual Bill Adjustment	10122-W	
	Billing – Leak Adjustment – Percent Adjustment	10123-W	
	Billing – UCR	10124-W	
	Disregard Second Estimated Bill	8038-W	
	Final Bill for Water Service	8863-W	
	Final Notice of Unpaid Balance to Collection Agency	4081-W	
	General Water Billing Explanation	4103-W	
	Important Notice on Final Bill for Service	7239-W	
	Joint Water & Sewer Sample Bill	8865-W	
	Notice of Unpaid Balance to Collection Agency	4080-W	
	NSF Check	4089-W	
	Payment Arrangement Confirmation	4091-W	
	Payment Arrangement – Re-emphasis	4092-W	
	Rebill Sample	8866-W	
	Reminder Notice	4049-W	
	Returned Bill Notice	4094-W	
	Returned Check – Various Reasons	4097-W	
	Sample Budget Bill	8867-W	
 <u>Applications, Contracts & Agreements:</u>			
	Application for Water Service	5977-W	
	Confidential and Non-Disclosure Agreement, Page 1	5939-W	
	Confidential and Non-Disclosure Agreement, Page 2	5940-W	
	Confidential and Non-Disclosure Agreement, Page 3	5941-W	
	Confidential and Non-Disclosure Agreement, Page 4	5942-W	
	Connection Fee Data Form	2158-W	
	Form 73 – Application for Special Connection	4978-W	
	Form 73A – Application for Special Connection (Addendum)	4979-W	
	Form 73B – Application for Fire Protection Service	2911-W	
	Form 74 – Shopping Center Agreement	1195-W	
	Form 74B – Real Estate Development Agreement	2213-W	
	Form 75 – Apartment/Condominium Complex Agreement	1306-W	

(Continued)

<u>(TO BE INSERTED BY UTILITY)</u>		<u>ISSUED BY</u>	<u>(TO BE INSERTED BY C.P.U.C.)</u>	
Advice	1374	J. T. LINAM	Date Filed	<u>05/31/2022</u>
Decision		DIRECTOR - Rates & Regulatory	Effective	<u>06/01/2022</u>
			Resolution	_____

TABLE OF CONTENTS

Sheet 4

<u>SUBJECT MATTER OF SHEET</u>	<u>C.P.U.C. SHEET NO.</u>	
<u>RATE SCHEDULES (Continued):</u>		
Applicable to all Districts		
UF	Surcharge to Fund Public Utilities	10315-W
	Commission Reimbursement Fee	
CA-Fees	Schedule No. CA-Fees	10348-W
CA-Compound Meters	Schedule No. CA-Compound Meters	7810-W
Miscellaneous Service Fees	Schedule No. MSF	6782-W
 <u>SUMMARY OF CONTRACTS AND DEVIATIONS:</u>		
Monterey County	6608-W, 6609-W, 6610-W, 6611-W	(C)
	6612-W	(C)
Los Angeles County	6613-W	(C)
Sacramento	6614-W	(C)
San Diego County	6615-W	(C)
Ventura County	6616-W	(C)
<u>RULES:</u>		
No. 1	Definitions	9465-W, 9466-W
No. 2	Description of Service	7229-W
No. 3	Application of Service	6620-W, 6621-W
No. 4	Contracts	6622-W
No. 5	Special Information Required of Forms	9467-W, 9468-W, 9469-W
No. 6	Establishment & Reestablishment of Credit	6625-W
No. 7	Deposits	6626-W
No. 8	Notices	9470-W, 9471-W, 9472-W
No. 9	Rendering and Payment of Bills	6629-W, 6630-W, 7807-W
No. 10	Disputed Bills	9473-W,
No. 11	Discontinuance & Restoration of Service	9726-W, 9727-W, 9476-W, 9477-W, 9478-W, 9479-W, 9480-W, 9481-W, 9482-W
No. 12	Information Available to the Public	6639-W
No. 13	Temporary Service	6640-W
No. 14	Continuity of Service	6641-W, 6642-W, 6643-W, 6644-W
No. 14.1	Water Conservation Plan	6645-W, 6646-W, 6647-W, 6648-W, 6649-W
No. 14.1.1	Water Conservation Plan – Monterey County District	7904-W, 7905-W, 7906-W, 7907-W, 7908-W, 7909-W, 7910-W, 7911-W, 7912-W, 7913-W, 7914-W, 7915-W, 7916-W, 7917-W, 7918-W, 7919-W, 7920-W, 7921-W, 7922-W, 7923-W, 7924-W, 7925-W, 7926-W, 7927-W, 7928-W, 7929-W, 7930-W, 7931-W, 7932-W, 7933-W, 7934-W, 7935-W, 7936-W, 7937-W, 7938-W, 7939-W, 7940-W, 7941-W, 7942-W, 7943-W, 7944-W, 7945-W, 7946-W, 7947-W,

(Continued)

(TO BE INSERTED BY UTILITY)

ISSUED BY

(TO BE INSERTED BY C.P.U.C.)

Advice 1374

J. T. LINAM

Date Filed 05/31/2022

Decision

DIRECTOR - Rates & Regulatory

Effective 06/01/2022

Resolution _____

TABLE OF CONTENTS

Sheet 2

<u>SUBJECT MATTER OF SHEET</u>	<u>C.P.U.C. SHEET NO.</u>
<u>SERVICE AREA MAP (Continued):</u>	
Monterey County (continued):	963-W, 964-W, 966-W, 967-W, 968-W, 969-W, 971-W, 972-W, 973-W, 974-W, 975-W, 976-W, 977-W, 978-W, 979-W, 980-W, 981-W, 982-W, 983-W, 984-W, 7054-W
Sacramento	8511-W, 6592-W, 6593-W, 8664-W, 6595- W, 8872-W, 7500-W, 8794-W, 6599-W, 6600-W
Sacramento- Dunnigan	8163-W
Sacramento- Geyserville	8321-W
Sacramento - Meadowbrook	8512-W
San Diego County	6601-W, 6602-W
Ventura County	6603-W, 6604-W
<u>RATE SCHEDULES:</u>	
All Districts – Customer Assistance Program	
CA-CAP	California American Water - Customer Assistance Program
CA-4	California American Water Private Fire Protection Service
CA-4H	Private Fire Hydrant Service
Schedule No. CA- Temp	CAW Construction and Temporary Service Tariff
Schedule No. CA-Out	Residential Metered Service – CAW Opt-Out Tariff
East Pasadena Service Area	
EP-1	General Metered Service

(C)

(Continued)

(TO BE INSERTED BY UTILITY) Advice 1374 Decision	ISSUED BY J. T. LINAM DIRECTOR - Rates & Regulatory	(TO BE INSERTED BY C.P.U.C.) Date Filed <u>05/31/2022</u> Effective <u>06/01/2022</u> Resolution
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TABLE OF CONTENTS

Sheet 1

<u>SUBJECT MATTER OF SHEET</u>	<u>C.P.U.C. SHEET NO.</u>	
TITLE PAGE	10094-W	
TABLE OF CONTENT	10477-W, 10476-W, 10457-W, 10475-W, 10474-W, 10473-W, 10155-W, 10154-W, 10472-W	(C) (C) (C)
PRELIMINARY STATEMENTS	10167-W, 10459-W, 10169-W, 10170-W, 10171-W, 10172-W, 10173-W, 9636-W, 10174-W, 10175-W, 10176-W, 10177-W, 10178-W, 10179-W, 10180-W, 10181-W, 10182-W, 10183-W, 10184-W, 10185-W, 10186-W, 10187-W, 10188-W, 10189-W, 10190-W, 10191-W, 10192-W, 10193-W, 10194-W, 10195-W, 10196-W, 10197-W, 10198-W, 10199-W, 10200-W, 10201-W, 10202-W, 10203-W, 10460-W, 10461-W, 10206-W, 10207-W, 10208-W, 10209-W, 10210-W, 10211-W, 10212-W, 10213-W, 10214-W, 10215-W, 10216-W, 10217-W, 10218-W, 10219-W, 10220-W, 10221-W, 10222-W, 10223-W, 10224-W, 10225-W, 10226-W, 10227-W, 10228-W, 10229-W, 10230-W, 10231-W, 10232-W, 10233-W, 10234-W, 10235-W, 10236-W 10237-W, 10238-W,	
<u>SERVICE AREA MAP:</u>		
California-American Water Company	5470-W	
East Pasadena Service Area	10102-W	
Fruitridge Vista	9487-W	
Hillview Service Area	9557-W	
Larkfield	6569-W	
Los Angeles County	9157-W, 9158-W	
Baldwin Hills	6571-W, 6572-W,	
Duarte	6578-W	
San Marino	6573-W, 6574-W, 6575-W, 6576-W, 8211-W	
Monterey County	7053-W, 6580-W, 6581-W, 6582-W, 6583-W, 6584-W, 6585-W, 6586-W, 6587-W, 6588-W, 6589-W, 6590-W, 944-W, 945-W, 947-W, 948-W, 949-W, 950-W, 951-W, 952-W, 953-W, 954-W, 955-W, 957-W, 958-W, 959-W, 960-W, 961-W, 962-W,	

(Continued)

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Advice	1374	J. T. LINAM	Date Filed	<u>05/31/2022</u>
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			Resolution	_____

ALL DISTRICTS SERVICE LIST
CALIFORNIA-AMERICAN WATER COMPANY
ADVICE LETTER 1374

BY MAIL:

	Lloyd W. Lowrey, Jr., ESQ. Noland, Hamerly, Etienne & Hoss 333 Salinas Street Salinas, CA 93901	Mark Brooks Utility Workers Union Of America 521 Central Ave. Nashville, TN 37211
Maxine Harrison California Public Utilities Commission Executive Division 320 West 4th Street Suite 500 Los Angeles, CA 90013	Wallin, Kress, Reisman & Krantz, LLP 11355 West Olympic Blvd., SUITE 300 Los Angeles, CA 90064	Ann Camel City Clerk City of Salinas 200 Lincoln Avenue Salinas, CA 93901
Gregory J. Smith, County Clerk County of San Diego County Administration Center 1600 Pacific Highway, Room 260 San Diego, CA 92101	Barbara Delory 4030 Bartlett Avenue Rosemead, CA 91770-1332	Carol Nickborg POB 4029 Monterey, CA 93942
Jim Sandoval, City Manager City of Chula Vista 276 Forth Avenue Chula Vista, CA 91910	Gary E. Hazelton County Clerk – Recorder Santa Cruz County 701 Ocean Street, Room 210 Santa Cruz, CA 95060	Steven J. Thompson 5224 Altana Way Sacramento, CA 95814
Sacramento County WMD 827 7th Street, Room 301 Sacramento, CA 95814	Henry Nanjo Department of General Services Office of Legal Services, MS-102 PO Box 989052 West Sacramento, CA 95798-9052	Hatties Stewart 4725 S. Victoria Avenue Los Angeles, CA 90043
Citrus Heights Water District 6230 Sylvan Road Citrus Heights, CA 95610 rchurch@chwd.org	City of Chula Vista Director of Public Works 276 Forth Avenue Chula Vista, CA 91910	Anne Moore, City Attorney City of Chula Vista 276 Forth Avenue Chula Vista, CA 91910
San Gabriel County Water District 8366 Grand Ave Rosemead, CA 91770	City of Camarillo 601 Carmen Drive Camarillo, CA 93010	Karen Crouch City Clerk, Carmel-By-The-Sea PO Box CC Carmel-by-the-Sea, CA 93921
Louis A. Atwell Director of Public Works City of Inglewood One W. Manchester Blvd. Inglewood, CA 90301	Los Angeles Docket Office California Public Utilities Commission 320 West 4th Street, Suite 500 Los Angeles, CA 90013	Marcus Nixon Asst. Public Advisor 320 W. 4th Street, Suite 500 Los Angeles, CA 90013

ALL DISTRICTS SERVICE LIST
CALIFORNIA-AMERICAN WATER COMPANY
ADVICE LETTER 1374

James R. Lough, City Attorney
City of Imperial Beach
825 Imperial Beach Blvd.
Imperial Beach, CA 91932

Ventura County Waterworks District
7150 Walnut Canyon Road
P.O. Box 250
Moorpark, CA 93020

Temple City
City Clerk
9701 Las Tunas Dr.
Temple City, CA 91780

Robert C. Baptiste
9397 Tucumcari Way
Sacramento, CA 95827-1045

Michelle Keith
City Manager
City of Bradbury
600 Winston Avenue
Bradbury, CA 91008

City of Los Angeles
Department of Water and Power
111 North Hope Street
Los Angeles, CA 90012
Attn: City Attorney

Mario Gonzalez
111 Marwest Commons circle
Santa Rosa, CA 95403

City of Sand City
City Hall
California & Sylvan Avenues
Sand City, CA 93955
Attn: City Clerk

Darryl D. Kenyon
Monterey Commercial Property Owners
Association
P.O. Box 398
Pebble Beach, CA 93953

William M. Marticorena
Rutan & Tucker, LLP
611 Anton Blvd., 14th Floor
Costa Mesa, CA 92626-1931

Yazdan Enreni, P.E.
Public Works Director
Monterey County DPW
168 West Alisal Steet, 2nd Floor
Salinas. CA 93901-4303

Edward W. O'Neill
Davis Wright Tremaine LLP
505 Montgomery Street
San Francisco, CA 94111-6533

James L. Markman
Richards, Watson & Gershon
355 South Grand Avenue, 40th Floor
Los Angeles, CA 90071-3101

Fruitridge Vista Water Company
P.O. Box 959
Sacramento, CA 95812

Marc J. Del Piero
4062 El Bosque Drive
Pebble Beach, CA 93953-3011

Rex Ball
SR/WA, Senior Real Property MGMT
County of Los Angeles
222 South Hill Street, 3rd Floor
Los Angeles, CA 90012

Monterey Regional Water Pollution
Control Agency (MRWPCA)
5 Harris Court Road. Bldg D.
Monterey, CA 93940

Barbara Morris Layne
36652 Hwy 1, Coast Route
Monterey, CA 93940

City of San Gabriel
City Clerk
425 S. Mission Drive
San Gabriel, CA 91776

Carol Smith
6241 Cavan Drive, 3
Citrus Heights, CA 95621

Irvin L. Grant
Deputy County Counsel
County of Monterey
168 W. Alisal Street, 3rd floor
Salinas, CA 93901-2680

Michelle Keith
City Manager
City of Bradbury
600 Winston Avenue
Bradbury, CA 91008

Anthony La Bouff, County Counsel
Placer County
175 Fulweiler Avenue
Auburn, CA 95603

Deborah Mall, City Attorney
City of Monterey
512 Pierce Street
Monterey, CA 93940

ALL DISTRICTS SERVICE LIST
CALIFORNIA-AMERICAN WATER COMPANY
ADVICE LETTER 1374

Penngrove/Kenwood Water Co
4984 Sonoma Hwy
Santa Rosa 95409

Will and Carol Surman
36292 Highway One
Monterey, CA 93940

City of Thousand Oaks Water Dept.
2100 E. Thousand Oaks Blvd.
Thousand Oaks, CA 91362

City of Monrovia
City Clerk
415 South Ivy Ave
Monrovia, CA 91016

Don Jacobson
115 Farm Road
Woodside, CA 94062-1210

Rio Linda Water District
730 L Street
Rio Linda, CA 95673

City of Rosemead
City Clerk
8838 E. Valley Blvd
Rosemead, CA 91770

Jose E. Guzman, Jr.
Guzman Law Offices
288 Third Street, Ste. 306
Oakland, CA 94607

Robert A. Ryan, Jr.
County of Sacramento
Downtown Office
700 H Street, Suite 2650
Sacramento, CA 95814

Alco Water Service
249 Williams Road
Salinas, CA 93901

Sacramento Suburban Water District
3701 Marconi Avenue, Suite 100
Sacramento, CA 95821-5303

Gail T. Borkowski, Clerk of the Board
County of Monterey
P.O. Box 1728
Salinas, CA 93902

BY E-MAIL:

Public Advocates Office
California Public Utilities Commission
dra_water_al@cpuc.ca.gov

Lori Ann Dolqueist
Nossaman LLP
50 California Street, 34th Floor
San Francisco, CA 94111
ldolqueist@nossaman.com

Morgan Foley, City Attorney
City of Coronado
1825 Strand Way
Coronado, CA 92118
mfolley@mclex.com

Richard Rauschmeier
California Public Utilities Commission
PAO - Water Branch, Rm 4209
505 Van Ness Ave
San Francisco, CA 94102
rra@cpuc.ca.gov

Ms. Lisa Bilir
California Public Utilities Commission
Public Advocates Office
505 Van Ness Avenue
San Francisco, CA 94102
lwa@cpuc.ca.gov

Sunnyslope Water Company
1040 El Campo Drive
Pasadena, CA 91109
sswc01_jcobb@sbcglobal.net

East Pasadena Water Company
3725 Mountain View
Pasadena, CA 91107
larry@epwater.com

Veronica Ruiz, City Clerk
City of San Marino
2200 Huntington Drive, 2nd floor
San Marino, CA 91108
vruiz@cityofsanmarino.org

ALL DISTRICTS SERVICE LIST
CALIFORNIA-AMERICAN WATER COMPANY
ADVICE LETTER 1374

City of Duarte
City Clerk
1600 Huntington Drive
Duarte, CA 91010
akanam@accessduarte.com

B. Tilden Kim
Attorney At Law
Richards Watson & Gershon
355 South Grand Avenue, 40th Floor
Los Angeles, CA 90071

tkim@rwglaw.com
Monterey Peninsula Water Mgmt Dist.
Chief Financial Officer
P.O. Box 85
Monterey, CA 93942
suresh@mpwmd.net
arlene@mpwmd.net

Rates Department
California Water Service Company
1720 North First Street
San Jose, CA 95112
rateshelp@calwater.com

Laura Nieto
City of Irwindale
Chief Deputy City Clerk
5050 North Irwindale Avenue
Irwindale, CA 91706
lnieto@IrwindaleCA.gov

Dana McRae
County Council
County of Santa Cruz
701 Ocean Street, Room 505
Santa Cruz, CA 95060
dana.mcrae@co.santa-cruz.ca.us

Citrus Heights Water District
6230 Sylvan Road
Citrus Heights, CA 95610
rchurch@chwd.org

Johnny Yu
5356 Arnica Way
Santa Rosa, CA 95403
johnnyyu@sbcglobal.net

David E. Morse
1411 W. Covell Blvd., Suite 106-292
Davis, CA 95616-5934
demorse@omsoft.com

Barry Gabrielson
bdgabriel1@aol.com

John Corona
Utilities Superintendent
City of Arcadia Water Dept.
Arcadia, CA 91006
jcorona@arcadiaca.gov

San Gabriel Valley Water Company
11142 Garvey Blvd.
El Monte, CA 91734
dadelloso@sgvwater.com

City of Inglewood
City Hall
One W. Manchester Blvd.
Inglewood, CA 90301
brai@cityofinglewood.org

James Boulter
Larkfield/Wikiup Water District Advisory
133 Eton Court
Santa Rosa, CA 95403
jboulter@comcast.net

Tim & Sue Madura
411 Firelight Drive
Santa Rosa, CA 95403
suemadura@sbcglobal.net

City of Sacramento, Water Division
1391 35th Avenue
Sacramento, CA 95822
dsherry@cityofsacramento.com

Cliff Finley, PE
Director of Public Works
City of Thousand Oaks
2100 Thousand Oaks Blvd
Thousand Oaks, CA 91363
cfinley@toaks.org

Placer County Water Agency
Customer Service Department
customerservices@pcwa.net

John K. Hawks
Executive Director
California Water Association
601 Van Ness Avenue, Suite 2047
San Francisco, CA 94102-3200
jhawks_cwa@comcast.net

Mary Martin
4611 Brynhurst Ave.
Los Angeles, CA 90043
Marymartin03@aol.com

Brent Reitz
Capital Services
P.O. Box 1767
Pebble Beach CA 93953
reitzb@pebblebeach.com

Marvin Philo
3021 Nikol Street
Sacramento, CA 95826
mhphilo@aol.com

Jim McCauley, Clerk-Recorder
Placer County
2954 Richardson Drive
Auburn, CA 95603
skasza@placer.ca.gov

Jim Heisinger
P.O. Box 5427
Carmel, CA 93921
hbm@carmellaw.com

ALL DISTRICTS SERVICE LIST
CALIFORNIA-AMERICAN WATER COMPANY
ADVICE LETTER 1374

Florin County Water District
P.O. Box 292055
Sacramento, CA 95829
fcwd@sbcglobal.net

Amy Van, City Clerk
City of Citrus Heights
6237 Fountain Square Drive
Citrus Heights, CA 95621
avan@citrusheights.net

Laura L. Krannawitter
California Public Utilities Commission
Executive Division, Rm 5303
505 Van Ness Avenue
San Francisco, CA 94102
llk@cpuc.ca.gov

George Riley
Citizens for Public Water
1198 Castro Road
Monterey, CA 91940
georgetriley@gmail.com

Linda Garcia, City Clerk
City of Isleton
P.O. Box 716
Isleton, CA 95641
lgarcia@cityofisleton.com

City of Monterey
City Hall
Monterey, CA 93940
Attn: City Clerk
connolly@ci.monterey.ca.us

City of Del Rey Oaks
City Hall
650 Canyon Del Rey Road
Del Rey Oaks, CA 93940
Attn: City Clerk
citymanager@delreyoaks.org
kminami@delreyoaks.org

Gail T. Borkowski, Clerk of the Board
County of Monterey
P.O. Box 1728
Salinas, CA 93902
boydap@co.monterey.ca.us

City of Seaside, City Hall
Seaside, CA 93955
Attn: City Clerk
dhodgson@ci.seaside.ca.us
to'halloran@ci.seaside.ca.us
cityatty@ix.netcom.com
cityattorney@ci.seaside.ca.us

David C. Laredo and Fran Farina
Attorneys at Law
DeLay & Laredo
606 Forest Ave
Pacific Grove, CA 93950
dave@laredolaw.net
fran@laredolaw.net

Bernardo R. Garcia
PO Box 37
San Clemente, CA 92674-0037
uwua@redhabanero.com

City of Salinas
Vanessa W. Vallarta – City Attorney
200 Lincoln Avenue
Salinas, CA 93901
vanessav@ci.salinas.ca.us
chrisc@ci.salinas.ca.us

City of El Monte
Chief Deputy City Clerk
11333 Valley Blvd
El Monte CA 91731-3293
Cityclerk@elmonteca.gov

Mike Niccum
General Manager
Pebble Beach Community Svcs. District
3101 Forest Lake Road
Pebble Beach, CA 93953
mniccum@pbcsd.org

Audrey Jackson
Golden State Water Company
630 E. Foothill Blvd.
San Dimas, CA 91773
afjackson@gswater.com

Lloyd Lowery Jr.
Noland, Hammerly, Etienne & Hoss P.C.
333 Salinas St
PO Box 2510
Salinas, CA 93902-2510
llowrey@nheh.com

Carmel Area Wastewater District
3945 Rio Road
Carmel, CA 93923
buikema@cawd.org

David Heuck
Accounting
2700 17 Mile Drive
Pebble Beach, CA 93953
heuckd@pebblebeach.com

Linda K. Hascup, City Clerk
City of Coronado
1825 Strand Way
Coronado, CA 92118
cityclerk@coronado.ca.us

Monterey Peninsula Water Mgmt Dist.
Chief Financial Officer
P.O. Box 85
Monterey, CA 93942
suresh@mpwmd.net

Mr. Jan Goldsmith, City Attorney
City of San Diego
202 'C' Street
San Diego, CA 92101
cityattorney@sandiego.gov

ALL DISTRICTS SERVICE LIST
CALIFORNIA-AMERICAN WATER COMPANY
ADVICE LETTER 1374

Thomas Montgomery, County Counsel
County of San Diego
County Administration Center
1600 Pacific Highway, Room 260
San Diego, CA 92101
thomas.montgomery@sdcounty.ca.gov

Sheri Damon
City of Seaside, City Attorney
440 Harcourt Avenue
Seaside, CA 93955
cityatty@ix.netcom.com
cityattorney@ci.seaside.ca.us

Rafael Lirag
California Public Utilities Commission
Administrative Law Judge
505 Van Ness Avenue Room 4101
San Francisco, CA 94102-3214
Rafael.lirag@cpuc.ca.gov

Jacque Hald, City Clerk
City of Imperial Beach
825 Imperial Beach Blvd.
Imperial Beach, CA 91932
ibcclerk@cityofib.org

Susan Sommers
City Of Petaluma
P.O. Box 61
Petaluma, Calif. 94953
suesimmons@ci.petaluma.ca.us

County of Ventura
800 South Victoria Avenue
Ventura, CA 93009
wspc@ventura.org

Elizabeth Maland, City Clerk
City of San Diego
202 'C' Street
San Diego, CA 92101
cityclerk@sandiego.gov

Jon Giffen
City Attorney
City of Carmel-By-The-Sea
P.O. Box 805
Carmel-By-The-Sea, CA 93921
jgiffen@kaglaw.net

William Burke
Deputy County Counsel
County of Sacramento
600 8th Street
Sacramento, CA 95814
burkew@saccounty.net