**STATE WATER RESOURCES CONTROL BOARD**

**CALIFORNIA WATER AND WASTEWATER ARREARAGES PAYMENT PROGRAM**

**WATER ARREARAGES DISBURSEMENT REQUEST FORM**

<table>
<thead>
<tr>
<th>NO. OF ACCOUNTS</th>
<th>PAYMENT AMOUNT REQUESTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESIDENTIAL</td>
<td></td>
</tr>
<tr>
<td>COMMERCIAL</td>
<td></td>
</tr>
<tr>
<td>SUBTOTAL</td>
<td></td>
</tr>
<tr>
<td>ADMINISTRATIVE COSTS</td>
<td>(Maximum of 3% OF SUBTOTAL UP TO $1 MILLION)</td>
</tr>
<tr>
<td>GRAND TOTAL OF PAYMENT AMOUNT REQUESTED</td>
<td></td>
</tr>
</tbody>
</table>

**CERTIFICATION:** I have read and signed the Conditions of Payment Form and understand that this Disbursement Request Form **CANNOT BE PROCESSED** unless a complete and accurate Conditions of Payment Form is currently on file with the State Water Resources Control Board.

The arrearages claimed in this Disbursement Request Form have been incurred and remain unpaid by customers of the Community Water System and any payments received from the State Water Resources Control Board will be allocated as bill credits within sixty (60) days of receipt of the funds requested in accordance with the California Water and Wastewater Arrearages Payment Program Guidelines and will return any moneys not credited to the State Water Resources Control Board within six months of receipt.

**AUTHORIZED REPRESENTATIVE OR DESIGNEE SIGNATURE:**

__________________________________________  
__________________________________________

**DATE:**

**FOLLOWING SECTION IS FOR STATE USE ONLY**

**PAYMENT INVOICE NO.:** ________________

**INVOICE DATE:** ________________

Revised Oct 20, 2021

Water Arrearages Disbursement Request Form Page 1 of 2
CALIFORNIA WATER AND WASTE WATER ARREARAGES PAYMENT PROGRAM
WATER ARREARAGES DISBURSEMENT REQUEST FORM

PWSID NO:
WATER SYSTEM NAME:
LEGAL ENTITY NAME:

FOLLOWING SECTION IS FOR STATE USE ONLY

<table>
<thead>
<tr>
<th>PAYMENT INVOICE NO.:</th>
<th>________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>INVOICE DATE:</td>
<td>________________</td>
</tr>
<tr>
<td>PAYMENT REQUEST AMOUNT</td>
<td>$</td>
</tr>
<tr>
<td>ADJUSTMENT AMOUNT</td>
<td>$</td>
</tr>
<tr>
<td>AMOUNT DUE</td>
<td>$</td>
</tr>
<tr>
<td>ADJUSTMENT COMMENTS:</td>
<td></td>
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<table>
<thead>
<tr>
<th>FISCAL SUPPLIER ID:</th>
<th>________________</th>
<th>ADDRESS ID:</th>
<th>______</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>FUND TITLE</th>
<th>ITEM</th>
<th>FY</th>
<th>CHAPTER</th>
<th>STATUTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coronavirus Fiscal Recovery Fund of 2021</td>
<td>3940-162-8506</td>
<td>21/22</td>
<td>21/21</td>
<td>2021</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>REPORTING STRUCTURE</th>
<th>ACCOUNT</th>
<th>ALT ACCOUNT</th>
<th>PROJECT #</th>
<th>PROJECT ACTIVITY #</th>
</tr>
</thead>
<tbody>
<tr>
<td>3560000C25</td>
<td>39400556</td>
<td>5432600</td>
<td>54326000000</td>
<td>3940COVIDARREAR</td>
<td>L/A</td>
</tr>
</tbody>
</table>

STATUTE LANGUAGE:
Per California Health and Safety Code 116773.4, the board provides financial assistance to community water systems for the purpose of assisting customers with past-due bills accrued during the COVID-19 pandemic bill relief period from March 4, 2020 to June 15, 2021.

SIGNATURES FOR APPROVAL OF PAYMENT

Analyst
Reviewed By: 
Title: 
Date:

Manager
Reviewed By: 
Title: 
Date:

Revised Oct 20, 2021
Water Arrearages Disbursement Request Form Page 2 of 2
Water Arrearages Disbursement Request Form Instructions

Use the instructions below to complete the Disbursement Request Form. Complete all required sections of the form to prevent delays in processing. If any assistance is needed in completing this form, please contact: communitywatersystemscovidrelief@waterboards.ca.gov.

- **Community Water System Identification and Mailing Address section**
  - Provide the PWSID number that is associated with the Community Water System you are requesting disbursement under.
    - If this is an aggregate application, provide the PWSID number used to complete the Application Survey.
  - Provide the Community Water System’s name.
    - If this is an aggregate application, use the Umbrella Entity name that was provided in the Application Survey.
  - The legal entity name should be the name under which the Community Water System files with the Internal Revenue Service. It also should be the same name reported on the STD. 204 form.
  - The mailing address is where the check will be sent. This address must be either the Community Water System’s mailing address, or the Administrative Contact’s mailing address as reported on the Application Survey.

- **Payment Request section**
  - Provide the number of residential accounts with arrearages being claimed for payment and the dollar amount associated with them.
  - Provide the number of commercial accounts with arrearages being claimed for payment and the dollar amount associated with them.
  - Administrative costs are defined as any costs incurred to participate in the Program per the Program Guidelines.

- **Certification** – Read the certification in its entirety and sign on the line to certify that the information contained in this Disbursement Request Form is complete and accurate. Sign using blue ink. Only an original signature will be accepted.

- **Signature(s)** – The person signing must be the Community Water System’s authorized representative or designee. The signature must be an original wet ink signature in blue ink.

- **State Use Only** – Do not write in this section as it is designated for State Use Only. (NOTE: If you write in this section, the disbursement form cannot be processed and a new form will need to be submitted.)

- **This document is a two page document. The PWSID number and Community Water System name must be printed on both pages. Both pages must be uploaded as a single PDF as well as sent in to the Board.**

- **Send in the Form**
  - Water Arrearages Payment Program
    State Water Resources Control Board
    1001 I Street, 17th Floor
    Sacramento, CA 95814