

## PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE  
SAN FRANCISCO, CA 94102-3298



June 9, 2023

Jonathan Morse  
Sr. Manager Rates & Regulatory  
California-American Water Company  
520 Capitol Mall Ste. 630  
Sacramento, CA 95814

Dear Mr. Morse,

The Water Division of the California Public Utilities Commission has approved California-American Water Company's Advice Letter No. 1410, filed on May 19, 2023, regarding authorization to Update Customer Assistance Program Guidelines.

Enclosed are copies of the following revised tariff sheets, effective June 1, 2023, for the utility's files:

<b>P.U.C.</b>	
<b>Sheet No.</b>	<b>Title of Sheet</b>
10778-W	Schedule No. CA-CAP, California American Water Customer Assistance Program, Sheet 8
10779-W	Customer Assistance Program Application Cover Letter and Form in English and Spanish Sheet 1
10780-W	Table Of Contents, Sheet 10
10781-W	Table Of Contents, Sheet 2
10782-W	Table Of Contents, Sheet 1

Please contact Bradley Leong at [BL4@cpuc.ca.gov](mailto:BL4@cpuc.ca.gov) or 415-703-2307, if you have any questions.

Thank you.

Enclosures

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

**Advice Letter Cover Sheet**

<b>Utility Name:</b> California American Water	<b>Date Mailed to Service List:</b> May 19, 2023
<b>District:</b> All District	
<b>CPUC Utility #:</b> U210W	<b>Protest Deadline (20<sup>th</sup> Day):</b> June 8, 2023
<b>Advice Letter #:</b> 1410	<b>Review Deadline (30<sup>th</sup> Day):</b> June 19, 2023
<b>Tier</b> <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Compliance	<b>Requested Effective Date:</b> June 1, 2023
<b>Authorization</b>	
<b>Description:</b> Update Customer Assistance Program Guidelines	<b>Rate Impact:</b> \$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:** Amber Cadigan

**Utility Contact:** Jonathan Morse

**Phone:** (916) 568-4242

**Phone:** 916-568-4237

**Email:** [amber.cadigan@amwater.com](mailto:amber.cadigan@amwater.com)

**Email:** [Jonathan.Morse@amwater.com](mailto:Jonathan.Morse@amwater.com)

**DWA Contact:** Tariff Unit

**Phone:** (415) 703-1133

**Email:** [Water.Division@cpuc.ca.gov](mailto:Water.Division@cpuc.ca.gov)

**DWA USE ONLY**

<u>DATE</u>	<u>STAFF</u>	<u>COMMENTS</u>

APPROVED

WITHDRAWN

REJECTED

**Signature:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_



520 Capitol Mall, Suite 630  
Sacramento, CA 95814  
[www.amwater.com](http://www.amwater.com)

P (916)568-4242

May 19, 2023

ADVICE LETTER NO. 1410

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 following tariff sheets, attached hereto, which are applicable to all its districts:

**PURPOSE AND BACKGROUND:**

This advice letter is being made to update the Customer Assistance Program (CAP) income guidelines for the 2023-2024 year in compliance with Public Utilities Code Section 739.1. As stated in the Public Utilities Commission Energy Division's March 22, 2023 letter, income guidelines/limits should be updated as follows:

Household Size	CARE Program Income Guidelines (CAP Program)
1-2	\$39,440
3	\$49,720
4	\$60,000
5	\$70,280
6	\$80,560
7	\$90,840
8	\$101,120
Each Additional Person	\$10,280

**REQUEST:**

California American Water requests that the CARE Program Income Guidelines (CAP Program) per household size presented above to be approved and updated.

**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, 2023, consistent with the date of the new income guidelines.

**SERVICE LIST:**

In accordance with Section 4.3 and 7.2, and Water Industry Rule of 4.1, of General Order 96-B, Cal-Am served copies of this Advice Letter to all interested and affected parties as shown in Exhibit A. 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 PROTEST**<sup>1</sup>

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 grounds<sup>2</sup> 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](mailto: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:**

Amber Cadigan  
*Rates & Regulatory  
Analyst*

**E-Mail:**

[amber.cadigan@amwater.com](mailto:amber.cadigan@amwater.com)

**Mailing Address:**

520 Capitol Mall, Suite 630  
Sacramento, CA 95814  
P (916) 568-4242

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

[sarah.leeper@amwater.com](mailto:sarah.leeper@amwater.com)

555 Montgomery Street, Ste. 816  
San Francisco, CA 94111  
Fax: (415) 863-0615

<sup>1</sup> G.O. 96-B, General Rule 7.4.1

<sup>2</sup> G.O. 96-B, General Rule 7.4.2

CA Rates

[ca.rates@amwater.com](mailto:ca.rates@amwater.com)

520 Capitol Mall, Suite 630  
Sacramento, CA 95814  
P (916) 568-4242

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**<sup>3</sup>

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 Amber Cadigan at (916) 568-4242

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

CALIFORNIA-AMERICAN WATER COMPANY

*/s/ Amber Cadigan*

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Amber Cadigan  
*Rates & Regulatory Analyst*

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<sup>3</sup> G.O. 96-B, General Rule 7.4.3

<b>Cal P.U.C. Sheet No.</b>	<b>Title of Sheet</b>	<b>Cancelling Cal P.U.C. Sheet No.</b>
10778-W	Schedule No. CA-CAP California American Water CUSTOMER ASSISTANCE PROGRAM Sheet 8	10471-W
10779-W	Customer Assistance Program Application Cover Letter and Form in English and Spanish Sheet 1	10470-W
10780-W	TABLE OF CONTENTS Sheet 10	10504-W
10781-W	TABLE OF CONTENTS Sheet 2	10776-W
10782-W	TABLE OF CONTENTS Sheet 1	10777-W

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

**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, 2023 to May 31, 2024.

(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 Program Income Guidelines (CAP Program)
1-2	\$39,440
3	\$49,720
4	\$60,000
5	\$70,280
6	\$80,560
7	\$90,840
8	\$101,120
Each Additional Person	\$10,280

(C)

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

(Continued)

(TO BE INSERTED BY UTILITY)  
Advice 1410  
Decision

ISSUED BY  
S. W. OWENS  
SR. DIRECTOR - Rates & Regulatory

(TO BE INSERTED BY C.P.U.C.)  
Date Filed 05/19/2023  
Effective 06/01/2023  
Resolution \_\_\_\_\_

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

Sheet 1

(See Attached Form)

(Continued)

(TO BE INSERTED BY UTILITY)

Advice 1410  
Decision

ISSUED BY

S. W. OWENS  
SR. DIRECTOR - Rates & Regulatory

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

Date Filed 05/19/2023  
Effective 06/01/2023  
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](http://californiaamwater.com). See application on the reverse side. / *Para obtener ayuda, llame al 888-237-1333, o ingrese a [californiaamwater.com](http://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](http://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](http://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, 2023 to May 31, 2024 /

Vigentes desde el 1 de junio de 2023 hasta el 31 de mayo de 2024)

Number of Persons in Household / Cantidad de personas en el grupo familiar	Total Combined Annual Income / Ingreso anual combinado total
1-2	\$39,440
3	\$49,720
4	\$60,000
5	\$70,280
6	\$80,560
7	\$90,840
8	\$101,120
Each Additional Person, Add / Cada Persona Adicional, Agregue	\$10,280

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 1015-XXXX-XXXX-XXXX-XXXX-XXXX-XXXX-XXXX

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, 2023 to May 31, 2024 / vigentes desde el 1 de junio de 2023 hasta el 31 de mayo de 2024)

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 / Cantidad de personas en el grupo familiar and Total Combined Annual Incomes / Ingreso anual combinado total. Columns range from 1-2 to 8, plus a column for 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 (fill in circle if guardian or power of attorney / rellene el círculo si es tutor o posee un poder legal) Date / Fecha



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Sheet 10

**SUBJECT MATTER OF SHEET**

**C.P.U.C. SHEET NO.**

SAMPLE FORMS (Continued):

All Areas:

**California Assistance Program (CAP)**

CAP Cover Letter and Form in English and Spanish

10779-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)

ISSUED BY

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

Advice 1410

S. W. OWENS

Date Filed 05/19/2023

Decision

SR. DIRECTOR - Rates & Regulatory

Effective 06/01/2023

Resolution \_\_\_\_\_

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Sheet 2

**SUBJECT MATTER OF SHEET**

**C.P.U.C. SHEET NO.**

**SERVICE AREA MAP (Continued):**

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

**RATE SCHEDULES:**

All Districts – Customer Assistance Program

CA-CAP	California American Water - Customer Assistance Program	10738-W, 10739-W, 10740-W, 10768-W, 10742-W, 10743-W, 10744-W, 10778-W, 10247-W, 10248-W, 10615-W, 10616-W	(C)
CA-4	California American Water Private Fire Protection Service	10347-W, 10368-W, 10628-W, 10437-W, 10438-W, 10595-W, 10596-W, 10597-W, 10598-W	
CA-4H	Private Fire Hydrant Service	10369-W, 10257-W, 10439-W, 10259-W	
Schedule No. CA-Temp	CAW Construction and Temporary Service Tariff	10262-W, 10263-W	
Schedule No. CA-Out	Residential Metered Service – CAW Opt-Out Tariff	10449-W, 10450-W	
East Pasadena Service Area			
EP-1	General Metered Service	10164-W	
Piru Service Area			
PI-1	General Metered Service	10606-W	
PI-3	Irrigation Service	10607-W	

(Continued)

(TO BE INSERTED BY UTILITY)

ISSUED BY

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

Advice 1410

S. W. OWENS

Date Filed 05/19/2023

Decision

SR. DIRECTOR - Rates & Regulatory

Effective 06/01/2023

Resolution \_\_\_\_\_

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Sheet 1

<u>SUBJECT MATTER OF SHEET</u>	<u>C.P.U.C. SHEET NO.</u>	
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<b><u>SERVICE AREA MAP:</u></b>		
California-American Water Company	5470-W	
Bellflower Service Area	10626-W	
East Pasadena Service Area	10102-W	
Fruitridge Vista	9487-W	
Hillview Service Area	10619-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, 7054-W, 6580-W, 6581-W, 6582-W, 6583-W, 6584-W, 6585-W, 6586-W, 6587-W, 6588-W, 6589-W, 6590-W, 10579-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, 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	
Piru Service Area	10604-W	

(Continued)

(TO BE INSERTED BY UTILITY)	ISSUED BY	(TO BE INSERTED BY C.P.U.C.)
Advice 1410	S. W. OWENS	Date Filed <u>05/19/2023</u>
Decision	SR. DIRECTOR - Rates & Regulatory	Effective <u>06/01/2023</u>
		Resolution _____

**ALL DISTRICTS SERVICE LIST**  
**CALIFORNIA-AMERICAN WATER COMPANY**  
**ADVICE LETTER 1410**

**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 1410**

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

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

Mario Gonzalez  
111 Marwest Commons circle  
Santa Rosa, CA 95403

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**ALL DISTRICTS SERVICE LIST**  
**CALIFORNIA-AMERICAN WATER COMPANY**  
**ADVICE LETTER 1410**

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, 34<sup>th</sup> 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  
vrui@cityofsanmarino.org



**ALL DISTRICTS SERVICE LIST**  
**CALIFORNIA-AMERICAN WATER COMPANY**  
**ADVICE LETTER 1410**

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](mailto:tkim@rwglaw.com)  
Monterey Peninsula Water Mgmt Dist.  
Chief Financial Officer  
P.O. Box 85  
Monterey, CA 93942  
[suresh@mpwmd.net](mailto:suresh@mpwmd.net)  
[arlene@mpwmd.net](mailto: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](mailto: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](mailto:bdgabriel1@aol.com)

John Corona  
Utilities Superintendent  
City of Arcadia Water Dept.  
Arcadia, CA 91006  
[jcorona@arcadiaca.gov](mailto: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 1410**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

City of Seaside, City Hall  
Seaside, CA 93955  
Attn: City Clerk  
[dhodgson@ci.seaside.ca.us](mailto:dhodgson@ci.seaside.ca.us)  
[to'halloran@ci.seaside.ca.us](mailto:to'halloran@ci.seaside.ca.us)  
[cityattv@ix.netcom.com](mailto:cityattv@ix.netcom.com)  
[cityattorney@ci.seaside.ca.us](mailto:cityattorney@ci.seaside.ca.us)

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

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

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

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 1410**

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](mailto:thomas.montgomery@sdcounty.ca.gov)

Sheri Damon  
City of Seaside, City Attorney  
440 Harcourt Avenue  
Seaside, CA 93955  
[cityatty@ix.netcom.com](mailto:cityatty@ix.netcom.com)  
[cityattorney@ci.seaside.ca.us](mailto: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](mailto:Rafael.lirag@cpuc.ca.gov)

Jacque Hald, City Clerk  
City of Imperial Beach  
825 Imperial Beach Blvd.  
Imperial Beach, CA 91932  
[ibcclerk@cityofib.org](mailto:ibcclerk@cityofib.org)

Susan Sommers  
City Of Petaluma  
P.O. Box 61  
Petaluma, Calif. 94953  
[suesimmons@ci.petaluma.ca.us](mailto:suesimmons@ci.petaluma.ca.us)

County of Ventura  
800 South Victoria Avenue  
Ventura, CA 93009  
[wspc@ventura.org](mailto:wspc@ventura.org)

Elizabeth Maland, City Clerk  
City of San Diego  
202 'C' Street  
San Diego, CA 92101  
[cityclerk@sandiego.gov](mailto: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](mailto:jgiffen@kaglaw.net)

William Burke  
Deputy County Counsel  
County of Sacramento  
600 8th Street  
Sacramento, CA 95814  
[burkew@saccounty.net](mailto:burkew@saccounty.net)