

STATE WATER RESOURCES CONTROL BOARD

**CALIFORNIA WATER AND WASTEWATER ARREARAGES PAYMENT PROGRAM
WASTEWATER ARREARAGES DISBURSEMENT REQUEST FORM**

APPLICANT NAME: San Francisco Public Utilities Commission

LEGAL ENTITY NAME: City and County of San Francisco

REMIT PAYMENT TO ENTITY (select one):

Wastewater Treatment Provider **Wastewater Billing Entity**

REMIT TO ADDRESS: 525 Golden Gate Avenue
4th Floor ATTN: Cash Management
San Francisco, CA 94102

	NO. OF ACCOUNTS	PAYMENT AMOUNT REQUESTED
RESIDENTIAL	12,251	\$7,376,768.91
COMMERCIAL	1,590	\$1,825,274.61
SUBTOTAL	13,841	\$9,202,043.52
ADMINISTRATIVE COSTS (Maximum of 3% OF SUBTOTAL UP TO \$1 MILLION)		\$100,000.00
GRAND TOTAL OF PAYMENT AMOUNT REQUESTED		\$9,302,043.52

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 Wastewater Treatment Provider 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:



3/15/2022

FOLLOWING SECTION IS FOR STATE USE ONLY

PAYMENT INVOICE NO.:

INVOICE DATE: