

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

**Advice Letter Cover Sheet**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Utility Name:</b> California Water Service Company<br>All Class A Ratemaking Areas (excludes<br><b>District:</b> Grand Oaks)<br><br><b>CPUC Utility #:</b> U-60-W<br><b>Advice Letter #:</b> 2553<br><b>Tier:</b> <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Compliance<br><b>Authorization:</b> N/A<br><br><b>Description:</b> CAP Forms: Update Income Eligibility Limits | <b>Date Mailed to Service List:</b> 5/9/2025<br><br><b>Protest Deadline (20<sup>th</sup> Day):</b> 05/29/2025<br><b>Review Deadline (30<sup>th</sup> Day):</b> 06/08/2025<br><b>Requested Effective Date:</b> 06/01/2025<br><br><b>Rate Impact:</b> N/A |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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:** Karlee Kaylor

**Phone:** 530-922-0855

**Email:** [kkaylor@calwater.com](mailto:kkaylor@calwater.com)

**Utility Contact:** Natalie Wales

**Phone:** 408-367-8566

**Email:** [nwales@calwater.com](mailto:nwales@calwater.com)

**DWA Contact:** Tariff Unit

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

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

|                     |
|---------------------|
| <b>DWA USE ONLY</b> |
|---------------------|

DATE

STAFF

COMMENTS

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[ ] APPROVED

[ ] WITHDRAWN

[ ] REJECTED

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

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

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

\_\_\_\_\_

**CALIFORNIA WATER SERVICE COMPANY**

1720 NORTH FIRST STREET  
SAN JOSE, CA 95112 (408) 367-8200

May 9, 2025

**Advice Letter No. 2553**

To The Public Utilities Commission of the State of California:

California Water Service Company ("Cal Water") respectfully submits this Tier 1 advice letter requesting authority to make the changes in its tariff as described below.

| New/Revised<br>CPUC<br>Sheet No. | Title of Sheet            | Schedule No. | Cancelling<br>CPUC<br>Sheet No. |
|----------------------------------|---------------------------|--------------|---------------------------------|
| xxxxx-W                          | CAP Application (English) | CAP English  | 13557-W                         |
| xxxxx-W                          | CAP Application (Spanish) | CAP Spanish  | 13558-W                         |
| xxxxx-W                          | Table of Contents Page 23 | TOC 23       | 13289-W                         |
| xxxxx-W                          | Table of Contents Page 1  | TOC 1        | 13806-W                         |

***Please note that this advice letter will only be distributed electronically to the Water Division and the attached service lists.***

**Summary**

Cal Water requests to update the income guidelines listed in the application forms for residential CAP customers.

**Discussion**

Eligibility Increase for CAP: The energy utilities have a low-income rate discount called California Alternate Rates for Energy ("CARE") while Cal Water has a low-income rate discount called Customer Assistance Program ("CAP"). Both programs use the same income guidelines to qualify customers for rate discount programs.

On May 5, 2011, the Commission issued Decision 11-05-020 which adopted guidelines for water and energy utilities with overlapping service territories to share low-income customer information in order to increase the participation rate.

Ordering Paragraph 11 states:

Each water utility with a low-income assistance program shall file a Tier 1 advice letter to update California Alternate Rates for Energy guidelines within 30 days after the Commission's Energy Division sends its notice to establish the California Alternate Rates for Energy income guidelines.



## CALIFORNIA WATER SERVICE COMPANY

Advice Letter 2553, CAP Income Level Update

Page 3

Each year, the CPUC updates the information which goes into effect on June 1 and covering a period from June 1<sup>st</sup> to the following May 31<sup>st</sup>. Per the March 26, 2025 notice from the Commission's Energy Division the new eligibility guidelines are as follows:

| Household Size                    | 1-2      | 3        | 4        | 5        | 6        | 7        | 8         | Each<br>Addition<br>al Person |
|-----------------------------------|----------|----------|----------|----------|----------|----------|-----------|-------------------------------|
| Income Eligibility<br>Upper Limit | \$42,300 | \$53,300 | \$64,300 | \$75,300 | \$86,300 | \$97,300 | \$108,300 | \$11,000                      |

English and Spanish versions of the residential CAP application form with the updated eligibility limits are provided with this advice letter.

### **Requested Effective Date**

Cal Water requests that the proposed tariffs in this advice letter become effective **June 1, 2025**.

### **Notice**

*Customer Notice* – Individual customer notice of this advice letter is not required under General Order 96-B, Water Industry Rule 3.1, because it is a Tier 1 compliance filing under Water Industry Rule 7.3.1(3).

*Service Lists* – In accordance with General Order 96-B, General Rule 4.3 and 7.2 and Water Industry Rule 4.1, a copy of this advice letter will be transmitted electronically on **May 9, 2025** to competing and adjacent utilities and other utilities or interested parties having requested such notification. ***Please note that this advice letter will only be distributed electronically to the Water Division.***

### **Response or Protest**

Anyone may respond to or protest this advice letter. 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 advice letter. A protest objects to the advice letter in whole or in part and must set forth the specific grounds on which it is based. These grounds are:

- (1) The utility did not properly serve or give notice of the advice letter;
- (2) The relief requested in the advice letter 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 advice letter contain material error or omissions;
- (4) The relief requested in the advice letter is pending before the Commission in a formal proceeding; or



**CALIFORNIA WATER SERVICE COMPANY**

Advice Letter 2553, CAP Income Level Update

Page 4

- (5) The relief requested in the advice letter requires consideration in a formal hearing, or is otherwise inappropriate for the advice letter process; or
- (6) The relief requested in the advice letter is unjust, unreasonable, or discriminatory (provided such a protest may not be made where it would require relitigating a prior order of the Commission.)

A protest shall provide citations or proofs where available to allow staff to properly consider the protest. A response or protest must be made in writing or by electronic mail and must be received by the Water Division within 20 days of the date this advice letter is filed. The address for mailing or delivering a protest is:

Tariff Unit, Water Division, 3<sup>rd</sup> floor  
California Public Utilities Commission,  
505 Van Ness Avenue, San Francisco, CA 94102  
[water.division@cpuc.ca.gov](mailto:water.division@cpuc.ca.gov)

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 Cal Water at the following address:

Natalie Wales  
California Water Service Company  
1720 North First Street,  
San Jose, California 95112  
E-mail: [cwsrates@calwater.com](mailto:cwsrates@calwater.com)

Cities and counties requiring Board of Supervisors or Board of Commissioners approval to protest should inform the Water Division within the 20-day protest period so a late-filed protest can be entertained. The informing document should include an estimate of the date the proposed protest might be voted on. The advice letter process does not provide for any responses, protests or comments, except for the utility's reply, after the 20-day comment period.

**Replies:** The utility shall reply to each protest and may reply to any response. Each reply must be received by the Water Division within 5 business days after the end of the protest period and shall be served on the same day to the person who filed the protest or response. If you have not received a reply to your protest within 10 business days, contact California Water Service Company at (408) 367-8200, and ask for the Rates Department.

CALIFORNIA WATER SERVICE COMPANY

/s/

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Karlee Kaylor, Rates Analyst

cc: Syreeta Gibbs (Public Advocates Office), [PublicAdvocatesWater@cpuc.ca.gov](mailto:PublicAdvocatesWater@cpuc.ca.gov)

**CALIFORNIA WATER SERVICE COMPANY**

1720 North First Street

San Jose, CA 95112

(408) 367-8200

Revised  
Cancelling

Cal. P.U.C. Sheet No. XXXXX-W  
Cal. P.U.C. Sheet No. 13557-W

**Form No. Customer Assistance Program (CAP) English**  
**All Tariff Areas**

Page 1

Quality Service. Value.

**Customer Assistance Program (CAP) Application**


At California Water Service (Cal Water), we care about our customers. We are pleased to offer our Customer Assistance Program (CAP—formerly LIRA) to those who meet the income guidelines below or participate in other assistance programs listed. The California Public Utilities Commission (CPUC) has approved CAP for Cal Water's individually metered residential customers throughout California. Qualifying customers receive a fixed monthly discount equal to 50% of the 5/8 x 3/4-inch meter service charge.

If you qualify for this discount, please complete the application below and return to: California Water Service, Attn: Customer Service Department, 2222 Dr. Martin Luther King Jr. Parkway, Chico, CA 95928.

**New and existing CAP applicants:**

Please complete this form and return it to Cal Water at the address above. CAP is not retroactive; customers who qualify will begin receiving the discount in the month after application is received.

**Note to existing CAP customers:**

We are asking you to complete this form because CPUC rules require that customers who currently receive the CAP discount periodically certify that they still qualify for the discount.

**Program qualifications:**

- The Cal Water bill must be in your name.
- You must live at the address where the discount will be received.
- Your household must meet the income guidelines listed below **OR** someone in your household must be enrolled in one of the public assistance programs described below.
- You must notify Cal Water if your household no longer qualifies for the CAP discount.
- Following enrollment, you may be required to provide proof of eligibility.
- You are required to recertify your eligibility every two years (four years if you can prove disabled/older (62+) status).

Apply online at [www.calwater.com/cap](http://www.calwater.com/cap). For questions, please e-mail CAP@calwater.com or call toll-free 1-877-419-1701.

|                                                                                     |                                                             |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>1 CALIFORNIA WATER SERVICE CUSTOMER INFORMATION</b> (please type or print)       |                                                             |
| <input type="radio"/> New CAP applicant <input type="radio"/> Existing CAP customer |                                                             |
| Customer Account Number: (Located on front page of your Cal Water bill)             |                                                             |
| Name _____<br>As it appears on your water bill                                      | E-mail _____                                                |
| Service Address _____<br>Do NOT use a P.O. Box                                      | City _____ CA ZIP Code _____                                |
| Mailing Address _____<br>If different from the address above                        | City _____ CA ZIP Code _____                                |
| Daytime Telephone Number _____<br>Please include area code                          | Home <input type="checkbox"/> Cell <input type="checkbox"/> |
| Total number of adults and children living in your household _____                  | Birth Date (MM/DD/YY) _____                                 |

  

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |          |          |          |          |          |           |   |   |                              |          |          |          |          |          |          |          |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------|----------|----------|----------|----------|-----------|---|---|------------------------------|----------|----------|----------|----------|----------|----------|----------|-----------|
| <b>2 PLEASE CHOOSE BASIS FOR ELIGIBILITY</b> (select A or B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |          |          |          |          |          |           |   |   |                              |          |          |          |          |          |          |          |           |
| <input type="checkbox"/> A. Someone in my household is enrolled in one or more of the following assistance programs (select all that apply):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |          |          |          |          |          |           |   |   |                              |          |          |          |          |          |          |          |           |
| <input type="radio"/> Medicaid/Medi-Cal for Families A & B<br><input type="radio"/> Supplemental Security Income (SSI)<br><input type="radio"/> CalFresh SNAP<br><input type="radio"/> Women, Infants, & Children Program (WIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="radio"/> Low-Income Home Energy Assistance Program (LIHEAP)<br><input type="radio"/> CalWORKs/Temporary Assistance for Needy Families (TANF)<br><input type="radio"/> National School Lunch Program (NSLP)<br><input type="radio"/> Bureau of Indian Affairs General Assistance<br><input type="radio"/> Head Start Income Eligible (Tribal only)<br><input type="radio"/> Tribal TANF<br><input type="radio"/> CARE (gas & electric company discount) |                                     |          |          |          |          |          |           |   |   |                              |          |          |          |          |          |          |          |           |
| <input type="checkbox"/> B. My household income does not exceed the following:<br>Your household's gross annual income may not exceed these CAP income guidelines. (effective June 1, 2025–May 31, 2026)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |          |          |          |          |          |           |   |   |                              |          |          |          |          |          |          |          |           |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Total number of people in household</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> <td style="text-align: center;">7</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: right;">Total combined annual income</td> <td style="text-align: center;">\$42,300</td> <td style="text-align: center;">\$42,300</td> <td style="text-align: center;">\$53,300</td> <td style="text-align: center;">\$64,300</td> <td style="text-align: center;">\$75,300</td> <td style="text-align: center;">\$86,300</td> <td style="text-align: center;">\$97,300</td> <td style="text-align: center;">\$108,300</td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Total number of people in household | 1        | 2        | 3        | 4        | 5        | 6         | 7 | 8 | Total combined annual income | \$42,300 | \$42,300 | \$53,300 | \$64,300 | \$75,300 | \$86,300 | \$97,300 | \$108,300 |
| Total number of people in household                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2                                   | 3        | 4        | 5        | 6        | 7        | 8         |   |   |                              |          |          |          |          |          |          |          |           |
| Total combined annual income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$42,300                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$42,300                            | \$53,300 | \$64,300 | \$75,300 | \$86,300 | \$97,300 | \$108,300 |   |   |                              |          |          |          |          |          |          |          |           |
| Add \$11,000 for each additional household member after the first 8.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |          |          |          |          |          |           |   |   |                              |          |          |          |          |          |          |          |           |
| Please declare your annual household income: \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |          |          |          |          |          |           |   |   |                              |          |          |          |          |          |          |          |           |

  

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| <b>3 DECLARATION</b> (please read carefully and sign below)                                                                                                                                                                                                                                                                                                                                                                                                                                           |               |
| I state that the information I have provided in this application is true and correct. I agree to provide proof of eligibility if asked. I agree to inform California Water Service 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 Cal Water can share my information with other utilities or their agents to enroll me in their assistance programs. |               |
| X _____<br>California Water Service Customer Signature <input type="radio"/> fill in circle if guardian or power of attorney                                                                                                                                                                                                                                                                                                                                                                          | _____<br>Date |

Rev. 5/25

(To be inserted by utility)

Advice Letter 2553

Decision

Issued By

Greg Milleman
Vice President
Rates and Regulatory Affairs

(To be inserted by CPUC)

Date Filed

May 9, 2025

Effective

June 1, 2025

Resolution

(C)  
—  
(C)

**Form No. Customer Assistance Program (CAP) Spanish**  
**All Tariff Areas**

Page 1

Calidad. Servicio. Valor.

**Solicitud del Programa de asistencia al cliente (CAP)**

En California Water Service (Cal Water), cuidamos a nuestros clientes. Nos complace ofrecer nuestro Programa de asistencia al cliente (CAP, anteriormente LIRA) a las personas que satisfacen las siguientes pautas de ingresos o que participan en otros de los programas de ayuda enumerados. La Comisión de Servicios Públicos de California (CPUC) ha aprobado el CAP para los clientes residenciales con medidores individuales de Cal Water en California. Los clientes que califiquen reciben un descuento mensual fijo equivalente al 50 % del cargo por servicio de medidores de 5/8 x 3/4 pulgadas.

Si usted es elegible para recibir este descuento, complete la solicitud a continuación y devuélvala a: California Water Service, Attn: Customer Service Department, 2222 Dr. Martin Luther King Jr. Parkway, Chico, CA 95928.

**Solicitantes del CAP nuevos y existentes:**

Sírvanse llenar este formulario y devolverlo a Cal Water a la dirección que se indica anteriormente. El CAP no es retroactivo. Los clientes que califiquen comenzarán a recibir su descuento el mes posterior a que su solicitud sea recibida.

**Nota a los clientes actuales del CAP:**

Les pedimos que llenen este formulario debido a que las normas de CPUC exigen que los clientes que reciben actualmente el descuento del CAP en forma periódica certifiquen que aún son elegibles para dicho descuento.

Presente su solicitud por internet en [es.calwater.com/cap](http://es.calwater.com/cap). Si tiene preguntas, envíe un correo electrónico a [CAP@calwater.com](mailto:CAP@calwater.com) o llame a la línea gratuita al 1-877-419-1701.

**Calificaciones para el programa:**

- La factura de Cal Water debe estar a su nombre.
- Usted debe vivir en la dirección donde se recibirá el descuento.
- Su núcleo familiar debe cumplir con las pautas de ingresos indicadas más adelante O alguno de los miembros de este debe estar registrado en uno de los programas de asistencia pública que se describen a continuación.
- Debe notificar a Cal Water en caso de que su núcleo familiar ya no califique para el descuento del CAP.
- Después de la inscripción, es posible que se le solicite una prueba de elegibilidad.
- Usted deberá certificar nuevamente su elegibilidad cada dos años (cuatro años si puede demostrar que tiene un estado de discapacidad o que es mayor de 62 años).

**1 INFORMACIÓN AL CLIENTE DE CALIFORNIA WATER SERVICE** (escriba a máquina o en letra de molde)

☐ Nuevo solicitante del CAP ☐ Cliente existente del CAP

Número de cuenta del cliente: (Ubicado en la primera página de su cuenta de Cal Water)

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Nombre \_\_\_\_\_ E-mail \_\_\_\_\_  
Según aparece en su cuenta de agua

Dirección de servicio \_\_\_\_\_ Ciudad \_\_\_\_\_ CA Código postal \_\_\_\_\_  
NO use un apartado de correos

Dirección postal \_\_\_\_\_ Ciudad \_\_\_\_\_ CA Código postal \_\_\_\_\_  
Si es diferente de la dirección anterior

Número de teléfono diurno \_\_\_\_\_ Teléfono de la casa \_\_\_\_\_ Celular \_\_\_\_\_  
Incluya el código de área

Cantidad total de adultos y niños que viven en su hogar \_\_\_\_\_ Fecha de nacimiento (MM/DD/AA) \_\_\_\_\_

**2 ELIJA LA BASE DE LA ELEGIBILIDAD** (seleccione A o B)

☐ A. Alguien de mi familia está inscrito en uno o más de los siguientes programas de ayuda (seleccione todas las opciones que correspondan):

- |                                                                   |                                                                                                       |                                                                                                                                      |
|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Medicaid/Medi-Cal for Families A & B     | <input type="checkbox"/> LIHEAP (el programa de asistencia de energía para hogares de bajos ingresos) | <input type="checkbox"/> Bureau of Indian Affairs — beneficios iniciales para personas elegibles por sus ingresos (Tribal solamente) |
| <input type="checkbox"/> SSI (Seguridad de Ingreso Suplementario) | <input type="checkbox"/> CalWORKs/Temporary Assistance for Needy Families (TANF)                      | <input type="checkbox"/> Head Start Income Eligible (Tribal only)                                                                    |
| <input type="checkbox"/> CalFresh SNAP (estampillas de alimentos) | <input type="checkbox"/> National School Lunch Program (NSLP)                                         | <input type="checkbox"/> Tribal TANF                                                                                                 |
| <input type="checkbox"/> Women, Infants, & Children Program (WIC) |                                                                                                       | <input type="checkbox"/> CARE (descuento en compañías de gas y electricidad)                                                         |

☐ B. Los ingresos de mi familia no exceden lo siguiente:

Los ingresos brutos anuales de su familia no pueden exceder estas pautas de ingresos del CAP (vigente desde el 1 de junio de 2025 hasta el 31 de mayo de 2026).

| Cantidad total de personas en su familia | 1        | 2        | 3        | 4        | 5        | 6        | 7        | 8         |
|------------------------------------------|----------|----------|----------|----------|----------|----------|----------|-----------|
| Total de ingresos anuales combinados     | \$42,300 | \$42,300 | \$53,300 | \$64,300 | \$75,300 | \$86,300 | \$97,300 | \$108,300 |

Agregue \$11,000 por cada miembro adicional del núcleo familiar después de los primeros 8.

Dedare los ingresos anuales de su familia: \$ \_\_\_\_\_

**3 DECLARACIÓN** (lea cuidadosamente y firme la siguiente declaración)

Declaro que la información que he proporcionado en esta solicitud es verdadera y correcta. Me comprometo a proporcionar una prueba de elegibilidad, si me lo piden. Me comprometo a informar a California Water Service si dejo de calificar para recibir el descuento. Entiendo que si recibo el descuento sin calificar para ello, podrían pedirme que devuelva el descuento que he recibido. Entiendo que Cal Water podrá compartir mi información con otras compañías de servicios o sus agentes para inscribirme en sus programas de ayuda.

X \_\_\_\_\_  
Firma del cliente de California Water Service ☐ Marque con un círculo si usted es un tutor o un representante legal \_\_\_\_\_ Fecha \_\_\_\_\_

Rev. 5/25

(To be inserted by utility)

Advice Letter 2553

Decision

Issued By

Greg MillemanVice PresidentRates and Regulatory Affairs

(To be inserted by CPUC)

Date Filed May 9, 2025Effective June 1, 2025

Resolution \_\_\_\_\_

**CALIFORNIA WATER SERVICE COMPANY**

1720 North First Street

San Jose, CA 95112

(408) 367-8200

Revised  
Cancelling

Cal. P.U.C. Sheet No. XXXXX-W

Cal. P.U.C. Sheet No. 13559-W

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**Sample Forms**

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| CAP English                    | CAP Application Form in English                       | XXXXXX-W              | (C) |
| CAP Spanish                    | CAP Application Form in Spanish                       | XXXXXX-W              | (C) |
| CAP AEH English                | CAP App. Agricultural Employee Housing (English) p.1  | 12529-W               |     |
| CAP AEH English                | CAP App. Agricultural Employee Housing (English) p.2  | 12530-W               |     |
| CAP AEH Spanish                | CAP App. Agricultural Employee Housing (Spanish) p.1  | 12531-W               |     |
| CAP AEH Spanish                | CAP App. Agricultural Employee Housing (Spanish) p.2  | 12532-W               |     |
| CAP MFW English                | CAP App. Migrant Farm Worker Housing (English) p.1    | 12533-W               |     |
| CAP MFW English                | CAP App. Migrant Farm Worker Housing (English) p.2    | 12534-W               |     |
| CAP MFW Spanish                | CAP App. Migrant Farm Worker Housing (Spanish) p.1    | 12535-W               |     |
| CAP MFW Spanish                | CAP App. Migrant Farm Worker Housing (Spanish) p.2    | 12536-W               |     |
| CAP NPGL English               | CAP Application Non-Profit Group Living (English) p.1 | 12537-W               |     |
| CAP NPGL English               | CAP Application Non-Profit Group Living (English) p.2 | 12538-W               |     |
| CAP NPGL Spanish               | CAP Application Non-Profit Group Living (Spanish) p.1 | 12539-W               |     |
| CAP NPGL Spanish               | CAP Application Non-Profit Group Living (Spanish) p.2 | 12540-W               |     |
| NDA-1                          | Confidentiality and Non-Disclosure Agreement          |                       |     |
|                                | Page 1                                                | 13157-W               |     |
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|                                | Page 3                                                | 13159-W               |     |
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|                                | Page 5                                                | 13161-W               |     |

(To be inserted by utility)

Advice Letter 2553

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1720 North First Street

San Jose, CA 95112

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Revised  
Cancelling

Cal. P.U.C. Sheet No. XXXXX-W

Cal. P.U.C. Sheet No. XXXXX-W

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|-----------------------------|-------------------------------------|--------------------------|
| Advice Letter <u>2553</u>   | <u>Greg Milleman</u>                | Date Filed _____         |
| Decision                    | <u>Vice President</u>               | Effective _____          |
|                             | <u>Rates and Regulatory Affairs</u> | Resolution _____         |





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ADVICE LETTER FILING MAILING LIST  
PER SECTION III (G) OF GENERAL ORDER NO. 96-A

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ADVICE LETTER FILING MAILING LIST  
PER SECTION III (G) OF GENERAL ORDER NO. 96-A

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ADVICE LETTER FILING MAILING LIST  
PER SECTION III (G) OF GENERAL ORDER NO. 96-A

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PER SECTION III (G) OF GENERAL ORDER NO. 96-A

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PER SECTION III (G) OF GENERAL ORDER NO. 96-A

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PER SECTION III (G) OF GENERAL ORDER NO. 96-A

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ADVICE LETTER FILING MAILING LIST  
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ADVICE LETTER FILING MAILING LIST  
PER SECTION III (G) OF GENERAL ORDER NO. 96-A

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ADVICE LETTER FILING MAILING LIST  
PER SECTION III (G) OF GENERAL ORDER NO. 96-A

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PER SECTION III (G) OF GENERAL ORDER NO. 96-A

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ADVICE LETTER FILING MAILING LIST  
PER SECTION III (G) OF GENERAL ORDER NO. 96-A

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PER SECTION III (G) OF GENERAL ORDER NO. 96-A

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PER SECTION III (G) OF GENERAL ORDER NO. 96-A

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PER SECTION III (G) OF GENERAL ORDER NO. 96-A

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