

**State Water Resources Control Board
California Water and Wastewater Arrearage Payment Program:
Wastewater Arrearages Program**

REPORTING REQUIREMENTS CERTIFICATION FORM

Wastewater Treatment Provider Name:*	
Legal Entity Name:	
Wastewater Treatment Provider Physical Address:*	
Application ID.:*	
If additional room is needed, an attached sheet may be included. <input type="checkbox"/> Please check this box if attaching an additional sheet.	

Payment Allocation Details - Please enter amounts with cents in the following table:

Cost	Amount Issued to Water System	No. of Accounts Credited	Amount Credited	Amount Not Used
Residential				
Commercial				
Administrative		N/A		
Grand Total				

Certification: I, the undersigned, certify under penalty of perjury that the above-mentioned Wastewater Treatment Provider has credited customer accounts within 60 days from receiving funding as identified on the Table above. The Wastewater Treatment Provider will return any overpaid amounts, including the amount overpaid identified in the Table above, to the State Water Resources Control Board (State Water Board) within six months from receiving funding.

I acknowledge that the State Water Board may require me to provide additional verification of reporting requirements at any time up to seven years following final reporting in conjunction with the California Water and Wastewater Arrearage Payment Program.

Name:	
Title:	
Signature:	
Date:	