

COMPLETE THE FOLLOWING. PLEASE PRINT.

Inverness Public Utility District Water System

## 2021/22 Water Shortage Emergency

### WATER RATIONING SURVEY

Account Holder Name

.....

Your name (if different from above)

.....

Mailing address: Street number and name (or P.O. box)

.....

City, State, Zip

.....

Water System Account No. (if known)

.....

Service Street Address in Inverness (mandatory)

.....

*You must complete the bottom of this page.*

**Download and print this page, fill it out, and return it to the address below.**

Please fill in box **A** or **B** or **C** or **D**, as applicable, for the customer account you have indicated at the left.

**A** This account is for an **undeveloped property** at which no System water is ever used.

**B** This account is for a **non-residential service**. Please describe the non-residential use:

.....

**C** This account is for a **residential service** at which there are **no full-time occupants** (see next page for the definition of a “full-time occupant”).

**D** This account is for a **residential service** at which all the following are **full-time occupants** (see next page for the definition of a “full-time occupant”) **[PLEASE PRINT]:**

Person 1: Name \_\_\_\_\_

Person 2: Name \_\_\_\_\_

Person 3: Name \_\_\_\_\_

Person 4: Name \_\_\_\_\_

Person 5: Name \_\_\_\_\_

Person 6: Name \_\_\_\_\_

Person 7: Name \_\_\_\_\_

Person 8: Name \_\_\_\_\_

ATTESTATION: I, the undersigned, attest under penalty of perjury and in accordance with the requirements of Inverness Public Utility District Ordinance 100-2021 that the information provided on this survey is true, accurate, and correct to the best of my knowledge. I further attest that I am the customer of record for the Inverness Water System customer service identified above or that I am duly authorized to complete and execute this survey on behalf of and in the name of the customer of record. I am aware of and fully acknowledge that a willful misstatement on this survey may constitute grounds for imposition of penalties provided for in Inverness Public Utility District Ordinance 100-2021, which penalties may include administrative fines, usage restrictions, and/or disconnection of the customer service identified above from the Inverness Water System.

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

Printed name: \_\_\_\_\_

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

Primary email address to be used to notify you of your rationing allotment (enter additional email addresses on other side):

\_\_\_\_\_

**See next page for returning this survey.**

***Notify us at once whenever the information you provide on this survey needs to be updated.***

The information collected herein will be used solely for the stated purpose of assigning maximum daily water allocations to customers of the Inverness Public Utility District in the event water rationing is introduced within the service area of the Inverness P.U.D. Water System. This information is collected in accordance with regulations and restrictions on the delivery and consumption of water adopted by the Board of Directors of the Inverness Public Utility District pursuant to Chapter 3 of Division 1 of the Water Code of the State of California.

### **Failure to complete and return this survey**

If no survey is returned for a customer service, or if a returned survey is not completed in a manner that enables it to be used, a basic water allotment will be assigned to that customer service, on the assumption that there are no full-time occupants served by the customer connection.

#### **DEFINITION OF A FULL-TIME OCCUPANT**

Section 6 of the District's Water Rationing ordinance (IPUD Ordinance 100-2021) reads as follows:

SECTION 6. DETERMINATION OF A FULL-TIME OCCUPANT. For purposes of implementing any provisions of this ordinance, a full-time occupant is a human being who is domiciled overnight on the property for more than 30 consecutive nights or more than 30 nights within a 60-day period; occupancy can be demonstrated by the address listed on a driver license, voter registration card, property tax bill with homeowner property tax exemption, lease agreement, income tax return, utility bill, local school enrollment, parental, custodial, or caregiver relationship to an adult who demonstrates full-time occupancy, or other means satisfactory to the General Manager.

Use this space for other email addresses and comments:

Return the completed survey to the following address (if you have questions, email [billing@invernesspud.org](mailto:billing@invernesspud.org) or phone (415) 669-1414):

**Water Rationing Survey  
Inverness PUD Water System  
P.O. Box 469  
Inverness CA 94937-0469**