EXHIBIT TO RESOLUTION NO. 1578-2023

CITY OF RIO DELL

SEWER BILL ADJUSTMENT CLAIM FORM

Instructions

1. Only claims for customers whose residents were 'Red-Tagged' by inspectors are eligible for adjustment.

NAME OF CLAIMANT: _____

PHONE NUMBER OF CLAIMANT: _____

MAILING ADDRESS OF CLAIMANT: _____

ADDRESS OF SERVICE: _____

I, _____(Print name), declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration was signed on _____, 20 _23___, at Rio Dell, CA.

_____ _____

Finance Director, City of Rio Dell - Witness Signature of Claimant

THIS SIDE IS TO BE COMPLETED BY CITY STAFF ONLY

Was the claimant's residence deemed 'Red-Tagged' by inspectors? _____

Dates residence was 'Red-Tagged': _____

What is the amount of the disputed bill? _____

What is the claimant's historical sewer base? _____

Is the claim related to the December 2022 / January 2023 Earthquake event? If yes, 100% of the credit is to be applied (no limit): _____

Has the claimant applied for forgiveness within 6 months of the disaster (June 30, 2023)?
_____

CITY MANAGER'S DISPOSITION:

APPROVE CLAIM _____ DENY CLAIM _____

CITY MANAGER SIGNATURE _____