



Water Service Disconnection Appeal Form (SB 998)

ALL FIELDS ARE REQUIRED

CUSTOMER INFORMATION:

Service Address: _____ Account Number: _____
Account Holder Name: _____ Contact Phone #: _____
Email: _____

Under Senate Bill 998 (SB 998), effective February 1, 2020, residential water service cannot be disconnected for non-payment if ALL the below conditions are met:

CERTIFICATION OF A LIFE-THREATENING CONDITION:

I am the primary care provider for _____ Customer Tenant
and certify, under penalty of perjury, that discontinuation of residential water service would be life-threatening or pose a serious threat to the health and safety of a resident at the service address.

Primary Care Provider Name: _____ Contact Phone # _____
Primary Care Provider Signature: _____ Date: ___/___/___

FINANCIAL HARDSHIP:

Please check one and attach proof of participation:

- PG&E Care Program CalFresh CalWORKS Medi-Cal
 Supplemental Security Income WIC

OR

- Household annual income is less than 200 percent of the federal poverty level

Please attach proof of annual income for all household members, consisting of the first two pages of each member's tax return showing their annual income.

AMORTIZATION AGREEMENT (PAYMENT PLAN):

- By checking this box, I agree to enter into a payment plan (not to exceed 12 months).

I certify that the information provided is true and complete.

Signature: _____ Date: ___/___/___