



LGVSD Tracking No. \_\_\_\_\_

# LAS GALLINAS VALLEY SANITARY DISTRICT

## Application Form Low Income Sewer Rate Assistance Program (LISRAP) For Fiscal Year 2024-2025

### Ratepayer Information

<b>Ratepayer Name:</b> From Property Tax Bill	
<b>Assessor's Parcel Number (APN):</b> Find on Property Tax Bill	
<b>Applicant Name(s)</b> If Different Than Ratepayer Name:	
<b>Property Address</b>	
<b>Mailing Address</b> If Different than Property Address	
<b>Contact Phone Number:</b>	
<b>Contact email:</b>	

### Certification

I certify, under penalty of law that all information provided herein is true. I am aware that submission of this application and supporting documents are subject to approval by the Las Gallinas Valley Sanitary District and that not all applications will be approved.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Please send you completed application and attachments to:

- 1) MAIL: Las Gallinas Valley Sanitary District, Attn: Low-Income Sewer Rate Assistance Program (LISRAP)
- 2) OR, DELIVER IN-PERSON: 101 Lucas Valley Road, Suite 300, San Rafael, CA 94903
- 3) OR, E-MAIL: [info@lqvdsd.org](mailto:info@lqvdsd.org) with "LISRAP" in the "Subject" line.

Ensure you include:

- 4) This application form, and
- 5) Copy of a recent PG&E bill that shows enrollment in the PG&E CARE Program
- 6) Copy of most recent Marin County property tax bill, local property tax statement, or in-lieu license fee
- 7) If you have already paid your County property tax bill, please include proof of payment (copy of the County payment receipt, cancelled check, etc.). **Manufactured home owners can submit mobile home park statement.**