



NSD Tracking No. _____

NOVATO SANITARY DISTRICT

Application Form Low Income Sewer Rate Assistance Program (LISRAP) For Fiscal Year 2020-2021

Ratepayer Information

Ratepayer Name:
From Property Tax Bill

Assessor's Parcel Number (APN):
Find on Property Tax Bill

Applicant Name(s)
If Different Than Ratepayer Name:

Property Address

Mailing Address
If Different than Property Address

Contact Phone Number:

Contact email:

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 Novato Sanitary District and that all applications may not be approved.

Applicant Signature

Date

Please send you completed application and attachments to:

- 1) MAIL: Novato Sanitary District, Attn: Low-Income Sewer Rate Assistance Program (LISRAP)
- 2) OR, DELIVER IN-PERSON: (please call ahead for an appointment)
- 3) OR, E-MAIL: info@novatosan.com 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
- 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.).