

**Consumer Confidence Report
Certification Form**
(to be submitted with a copy of the CCR)

(To certify electronic delivery of the CCR, use the certification form on the State **Water** Board's website at http://www.swrcb.ca.gov/drinking_water/certlic/drinkingwater/CCR.shtml)

Water System Name: City of Williams

Water System Number: 0610004

The water system named above hereby certifies that its Consumer Confidence Report was distributed on 5-6-2020 (date) to customers (and appropriate notices of availability have been given). Further, the system certifies that the information contained in the report is correct and consistent with the compliance monitoring data previously submitted to the State Water Resources Control Board, Division of Drinking Water.

Certified by: Name: Michael Mitchell

Signature: 

Title: Water Foreman

Phone Number: (530)908-0407

Date: 5-11-2020

To summarize report delivery used and good-faith efforts taken, please complete the below by checking all items that apply and fill-in where appropriate:

☒ CCR was distributed by mail or other direct delivery methods. Specify other direct delivery methods used: _____

☒ "Good faith" efforts were used to reach non-bill paying consumers. Those efforts included the following methods:

☒ Posting the CCR on the Internet/www.cityofwilliams.org/departments/utilities/index.php

☒ Mailing the CCR to postal patrons within the service area (95987)

☐ Advertising the availability of the CCR in news media (attach copy of press release)

☐ Publication of the CCR in a local newspaper of general circulation (attach a copy of the published notice, including name of newspaper and date published)

☒ Posted the CCR in public places (Public Works Office, Water Office, Billing Office)

☐ Delivery of multiple copies of CCR to single-billed addresses serving several persons, such as apartments, businesses, and schools

☐ Delivery to community organizations (attach a list of organizations)

☐ Other (attach a list of other methods used)

☐ For systems serving at least 100,000 persons: Posted CCR on a publicly-accessible internet site at the following address: www._____

☐ For investor-owned utilities: Delivered the CCR to the California Public Utilities Commission

Postage Statement—First-Class Mail and First-Class Package Service

Use this form for First-Class Mail and First-Class Package Service.

Mailing Agent	Permit Holder Name, Address, Email, Telephone City of Williams 810 E street Williams CA 95987 CAPS Cust. Ref. No. _____ CRID _____		Mailing Agent (If other than permit holder) Name, Address, Telephone Michael Mitchell (530) 473-2519 CRID _____		Mail Owner (If other than permit holder) Name, Address CRID _____	
	Post Office of Mailing Williams		Mailing Date 5/6/2020		Federal Agency Cost Code	
Mailing	Statement Seq. No.		Permit # 17		No. and type of Containers	
	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Parcels	For Mail Enclosed within Another Class <input type="checkbox"/> Marketing Mail <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Periodicals <input type="checkbox"/> Media Mail	Weight of a Single Piece 0.5 pounds	SSF Transaction ID#	Sacks 1 ft. Letter Trays 2 ft. Letter Trays EMM Letter Trays Flat Trays Pallets Other
	Move Update Method <input type="checkbox"/> Ancillary Service Endorsement <input type="checkbox"/> NCOA ¹ ² <input type="checkbox"/> ACS		Total Pieces 1817		No. of pieces _____	
	<input type="checkbox"/> Alternative Method <input type="checkbox"/> Multiple <input type="checkbox"/> OneCode ³ ACS <input type="checkbox"/> n/a Alternative Address Format		Letter or flat-size mailpieces contain: <input type="checkbox"/> Round Trip ONLY: One DVD/CD or other disk.		Customer Generated Electronic Labels <input type="checkbox"/> SigCon	
Combined Mailing <input type="checkbox"/> Single Class		This is a Political Campaign Mailing <input type="checkbox"/> Yes <input type="checkbox"/> No This is Official Election Mail <input type="checkbox"/> Yes <input type="checkbox"/> No		For Automation Price Pieces, Enter Date of Address Matching and Coding ____/____/____		
Parts Completed (Select all that apply): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> NSA						
Postage	1		Subtotal Postage (Add parts totals)			
	2		Price at Which Postage Affixed (Check one). <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither Complete if mailing includes pieces bearing metered/PC Postage.		1817 pcs. x \$ 44 = Postage Affixed - 835.82	
	3		Incentive/Discount Flat Dollar Amount		-	
	4		Fee Flat Dollar Amount		+	
	5		Permit # 17		Net Postage Due (Line 1 +/- Lines 2, 3, 4) \$ 835.82	
USPS Use Only	Additional Postage Payment (State reason)					
	For postage affixed, add additional payment to net postage due; for permit imprint, add additional payment to total postage.		Total Adjusted Postage Affixed			
	Postmaster: Report Total Postage in AIC 121		Total Adjusted Postage Permit Imprint			
Certification	Incentive/Discount Claimed: _____ Type of Fee: _____ The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control. The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the prices and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation. I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment. Privacy Notice: For information regarding our Privacy Policy visit www.usps.com .					
	Signature of Mailer or Agent Michael Mitchell		Printed Name of Mailer or Agent Signing Form Michael Mitchell		Telephone (530) 908-0407	
USPS Use Only	Weight of a Single Piece _____ pounds		Total Weight		Are postage figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, reason: _____	
	Total Pieces		Total Postage		Round Stamp (Required) Payment Date	
	Presort Verification Performed? (If required) <input type="checkbox"/> Yes <input type="checkbox"/> No					
	I CERTIFY that this mailing has been inspected for each item below if required: (1) eligibility for postage prices claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; (4) payment of annual fee; and (5) sufficient funds on deposit (if required)		Date Mailer Notified		Contact	
	USPS Employee's Signature		By (Initials)		Time AM PM	
		Print USPS Employee's Name				