

**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 SHAFTER

Water System Number: 1510019

The water system named above hereby certifies that its **2019** Consumer Confidence Report was distributed on **06/12/2020** (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: MARCOS TORRES

Signature: 

Title: UTILITIES MANAGER

Phone Number: (661) 746-5002

Date: 10/29/2020

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: A COPY OF THE REPORT WAS MAILED OUT TO EACH CUSTOMER.
- ☒ "Good faith" efforts were used to reach non-bill paying consumers. Those efforts included the following methods:
- ☒ Posting the CCR on the Internet at www.shafter.com/70/Water
 - ☐ Mailing the CCR to postal patrons within the service area (attach zip codes used)
 - ☐ 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 (attach a list of locations) **CITY OF SHAFTER CITY HALL**
 - ☐ 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

This form is provided as a convenience for use to meet the certification requirement of the California Code of Regulations, section 64483(c).

Postage Statement—USPS Marketing Mail

Mailer	Permit Holder Name, Address, Email, Telephone Hall Letter Shop 5200 Rosedale Hwy Bakersfield, CA 93308 661-327-3228 CAPS Cust. Ref. No. CRID 2444885 N/A		Mailing Agent (If other than permit holder) Name, Address, Telephone CRID N/A		Mail Owner (If other than permit holder) Name, Address City Of Shafter 336 Pacific Ave Shafter, CA 93263 CRID N/A	
	Post Office of Mailing BAKERSFIELD CA 93380		Mailer's Mailing Date 06/12/2020		Federal Agency Cost Code N/A	
Mailing	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"/> CMM <input type="checkbox"/> Flats <input type="checkbox"/> Catalogs <input type="checkbox"/> Marketing Parcels		Statement Seq. No. N/A	
	For Mail Enclosed within Another Class <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Periodicals <input type="checkbox"/> Media Mail		Move Update Method <input type="checkbox"/> Ancillary Service Endorsement <input type="checkbox"/> NCOA ^{Link} <input type="checkbox"/> ACS		Total # of Pieces in Mailing 4,036	
	Alternative Method <input type="checkbox"/> Multiple <input type="checkbox"/> OneCode ACS <input checked="" type="checkbox"/> n/a Alternative Address Format		Total Weight 143.6816		SSF Transaction# N/A	
	Combined Mailing <input type="checkbox"/> Mixed Class <input type="checkbox"/> Single Class		Weight of a Single Piece 0.0356 pounds		Permit # 110	
	<input type="checkbox"/> Letter-size or flat mailpiece contains DVD/CD or other disk.		<input type="checkbox"/> Mailpiece is a product sample _____ % Samples		For Automation Pieces, Enter Date of Address Matching and Coding 06/12/2020	
This is a Political Campaign Mailing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		This is Official Election Mail <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		For Carrier Route Pieces, Enter Date of Address Matching and Coding N/A		
For Pieces Bearing a Simplified Address Enter Date of Delivery Statistics File or Alternative Method N/A		No. & Type of Containers 2 - 1"MM Trays 6 - 2"MM Trays				

Parts Completed (Select all that apply): ☒ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ L ☐ S ☐ 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 or precanceled stamps.		0 pcs. x \$ = Postage Affixed -
	3 Incentive/Discount Flat Dollar Amount		-
	4 Fee Flat Dollar Amount		+
	5 Permit # Net Postage Due (Line 1 +/- Lines 2, 3, 4)		

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 130 (Permit Imprint Only, Excluding Simplified Addressing ("0"))		Total Adjusted Postage Permit Imprint
	Postmaster: Report Total Postage in AIC 208 (Simplified Addressing (EDDM), Permit Imprint Only)		Total Adjusted Postage Simplified Addressing (EDDM)

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.

Certification	Signature of Mailer or Agent		Printed Name of Mailer or Agent Signing Form Hall Letter Shop		Telephone 661-327-3228	

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			
	Presort Verification Performed? (If required) <input type="checkbox"/> Yes <input type="checkbox"/> No				Round Stamp (Required) Payment Date Date Mailed Notified Contact By (Initials) Time AM PM	
	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)					
	USPS Employee's Signature					
Print USPS Employee's Name						