CCR

## **Certification Form**

(To be submitted with a copy of the CCR)

Water System Name:		tem Name:	Sherwood MHP
Water System Number: 1900907			
syste	em cer	tifies that the i	ned above hereby certifies that its Consumer Confidence Report was distributed or (date) to customers (and appropriate notices of availability have been given). Further, the information contained in the report is correct and consistent with the compliance monitoring to the Department of Public Health.
Cert	ified b	y: Name:	Peter Jones
		Signati	ire: Peter fones
		Title:	manager
		Phone I	Number: (66h) 946-1063 Date: 9/14/22
To su	ems th	at apply and fi	very used and good-faith efforts taken, please complete the below by checking ll-in where appropriate: d by mail or other direct delivery methods. Specify other direct delivery methods used:
Ø	"Good faith" efforts were used to reach non-bill paying consumers. Those efforts included the following  Posting the CCR on the Internet at www.		
			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	of the CCR in a local newspaper of general circulation (attach a copy of the published notice, me of newspaper and date published)
	区	Posted the C	CR in public places (attach a list of locations) ON BULLETIN BOARD
			nultiple copies of CCR to single bill addresses serving several persons, such as apartments
		Delivery to c	ommunity organizations (attach a list of organizations)
	For systems serving at least 100,000 persons: Posted CCR on a publicly-accessible internet site at the following address: www		
	For privately-owned utilities: Delivered the CCR to the California Public Utilities Commission		