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 Board's website at http://www.swrcb.ca.gov/drinking water/certlic/drinkingwater/CCR.shtml)

Water System Name: Water System Number:			VALLEY VIEW MUTUAL WATER COMPANY 1910165					
								O6 Furth
Certified by:		: Name:	Name:		Sukie Madrid			
		Signatu	ıre:	Auk	Le Malio			
		Title:		Man	nager			
		Phone	Number:		960-2759	Date:	06 / 23 / 2020	
	"Goo	wing methods	: :			g consumers. The	ose efforts included the	
	X	_			Internet at www.			
			ing the CCR to postal patrons within the service area (attach zip codes used) retising the availability of the CCR in news media (attach copy of press release) cation of the CCR in a local newspaper of general circulation (attach a copy of the shed notice, including name of newspaper and date published)					
		Publication						
			-	- ,	attach a list of lo	,		
	Ц	Delivery of as apartment				ed addresses servin	ng several persons, such	
						of organizations)		
		Other (attacl	n a list of c	ther method	ds used)			
	For so	For systems serving at least 100,000 persons: Posted CCR on a publicly-accessible internet site at the following address: www						
	For in	For investor-owned utilities: Delivered the CCR to the California Public Utilities Commission						

ZIP CODE LISTING VALLEY VIEW MUTUAL WATER COMPANY

91706	90064	90240
90608	90631	90640
91077	91104	91731
91732	91734	91722
91740	91741	91754
91755	91761	91765
91766	91768	91770
91776	91778	91780
91701	91791	91801
92604	92618	92804

Company Detail

Company Name VALLEY VIEW MUTUAL WATER CO

Address 13730 LOS ANGELES ST BALDWIN PARK, CA 91706-2352

SHAR MADDID

Contact Name SUKIE MADRID Phone Number (626)960-2759

Profit Indicator P

PS Form 3607R - Mailing Transaction Receipt

Account Holder Account Number 617153
Account Holder Permit Number 322
Account Holder Permit Type Pl
Account Holder CRID 26889037

Post Office of Permit COVINA CA 91722-9998
Post Office of Mailing COVINA CA 91722-9998

Post Office of Permit Cost Center 051854-0755
Post Office of Mailing Cost Center 051854-0755

Mailing Agent Name Mailing Agent CRID

JOB ID

Customer Reference ID
CAPS Transaction Number

Class of Mail First-Class Mail and First-Class Package Service
Processing Category Letters (may include Postcards)

No

Postage Statement ID 384423624
Mailing Group ID 273073233
Mailer's Mailing Date 06/22/2020

Mailer Declared Total Pieces 1,294 pcs.

Mailer Declared Total Weight 56,4184 ibs.

Mailer Declared Weight of a single-piece 0,0436 ibs.

USPS Determined Total Pieces 1,294 pcs.

USPS Determined Total Weight 56,4184 ibs.

USPS Determined Weight of a single-piece 0,0436 ibs.

Total Number of Containers

Total Adjusted Postage \$ 597.04

Payment Date and Time 06/22/2020 14:44
Payment Transaction Number 202017416444811M0
Adjustment Transaction Number

Mailer Figures Adjusted?

Person authorizing adjustment Name

Phone Number

Acceptance Site Mailer ID

Clerk Initials BBH

Mail Arrival Date and Time 06/22/2020 14:43