ATTACHMENT 6

Consumer Confidence Report Certification Form

(to be submitted with a copy of the CCR)

Water System Name: Water System Number:			Cabazon Water District CA3310047					
							-	
to cu conta	stomers ined in	s (and approp	oriate notice is correct a	eby certifies that its Cores of availability have be and consistent with the	een given). Furth	er, the system certifies	that the information	
Certi	fied by:	Name: Signati Title:		Calvin Louie General Manager				
		Phone	Number:	(951) 849-4442	Dat	e: 03/02/2020		
apply	CCR was distributed by mail or other direct delivery methods. Specify other direct delivery methods used:							
\boxtimes	"Good faith" efforts were used to reach non-bill paying consumers. Those efforts included the following methods:							
	\boxtimes	Posting the	CCR on the	Internet at www.cabaze	onwater.org			
		Mailing the	CCR to pos	stal patrons within the se	ervice area (attach	zip codes used)		
	☐ Advertising		he availability of the CCR in news media (attach copy of press release)					
				R in a local newspaper spaper and date publishe	=	tion (attach a copy of	the published notice,	
		Posted the C	CCR in publi	ic places (attach a list o	f locations)			
		Delivery of businesses,	-	opies of CCR to single-	billed addresses s	erving several persons,	such as apartments,	
		Delivery to	community	organizations (attach a	list of organization	ns)		
	For systems serving at least 100,000 persons: Posted CCR on a publicly-accessible internet site at the following address: www.cabazonwater.org							
	For pr	For privately-owned utilities: Delivered the CCR to the California Public Utilities Commission						