ATTACHMENT 6

Consumer Confidence Report Certification Form

(to be submitted with a copy of the CCR)

Water System Name: Cal		em Name: Cabaz	zon Water District				
Water System Number: CA33100			310047)47			
to cu	stomer ained i	rs (and appropriate n	hereby certifies that its Const otices of availability have be rect and consistent with the	en given). Furth	er, the system certifies that	the information	
Certified by:		: Name:	Michael Pollack	Michael Pollack			
		Signature:	Michael Pollac	Michael Pollack		<u>_</u>	
		Title:	General Manager	Dat	e: 03/25/2024	_	
		Phone Numbe	er: (951) 849-4442				
			nail or other direct delivery me				
	"Good faith" efforts were used to reach non-bill paying consumers. Those efforts included the following methods:						
	_			e Internet at www.cabazonwater.org			
		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)					
		Delivery of multiple copies of CCR to single-billed addresses serving several persons, such as apartments, businesses, and schools					
		Delivery to commu	unity organizations (attach a li	st of organization	ns)		
		or systems serving at least 100,000 persons: Posted CCR on a publicly-accessible internet site at the following ddress: www					
	For p	For privately-owned utilities: Delivered the CCR to the California Public Utilities Commission					