

APPENDIX F: Certification Form (Suggested Format)

Consumer Confidence Report Certification Form

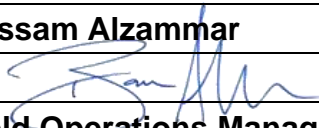
(to be submitted with a copy of the CCR)

(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:	West Palm Springs Village Public Water System
Water System Number:	3310078

The water system named above hereby certifies that its Consumer Confidence Report was distributed on June 21, 2021 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:	Bassam Alzammar	
	Signature:		
	Title:	Field Operations Manager	
	Phone Number:	(760)660-4943	Date: 06/29/2021

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: _____

☒ "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.mswd.org/waterquality.aspx
- ☒ 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 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

Post Office: Note Mail Arrival
Date & Time (Do Not Round-Stamp)

Mailer	Permit Holder Name, Address, Email, Telephone Printmystuff.com PIP Printing Riverside/Corona Samuel Tracy 4093 Market Street Riverside CA 925013542 951-682-1015 CRID 2648437		Mailing Agent (If other than permit holder) Name, Address, Telephone Printmystuff.com PIP Printing Riverside/Corona Samuel Tracy 4093 Market Street CRID 2648437 951-682-2005		Mail Owner (If other than permit holder) Name, Address CV Strategies 73700 Dinah Shore Dr Suite 402 Palm Desert, CA 92211 CRID 2648437		
	Post Office of Mailing SAN BERNARDINO CA 92403		Mailing Agent's Mailing Date 06/21/2021		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 type="checkbox"/> Letters <input checked="" type="checkbox"/> Flats <input type="checkbox"/> Marketing Parcels <input type="checkbox"/> CMM <input type="checkbox"/> Catalogs		Total # of Pieces in Mailing 13,763		
	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 checked="" type="checkbox"/> NCOALink <input type="checkbox"/> ACS <input type="checkbox"/> Alternative Method <input type="checkbox"/> Multiple <input type="checkbox"/> OneCode ACS <input type="checkbox"/> n/a Alternative Address Format		Total Weight 1,307.4850		
	Weight of a Single Piece 0.0950 pounds		Mailpiece is a product sample <input type="checkbox"/> _____ % Samples		Statement Seq. No. N/A		
	Combined Mailing <input type="checkbox"/> Mixed Class <input type="checkbox"/> Single Class		This is a Political Campaign Mailing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Permit # 3385		
For Automation Pieces, Enter Date of Address Matching and Coding 06/21/2021							No. & Type of Containers 40 - Sacks
For Carrier Route Pieces, Enter Date of Address Matching and Coding 06/21/2021							
For Carrier Route Price Pieces, Enter Date of Carrier Route Sequencing 06/21/2021							
For Pieces Bearing a Simplified Address, Enter Date of Delivery Statistics File or Alternative Method 06/21/2021							
Parts Completed (Select all that apply): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> NSA							
Postage	1 Subtotal Postage (Add parts totals)					\$4,967.66	
	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)					\$4,967.66	
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)	
Certification	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 .						
	Signature of Mailer or Agent 		Printed Name of Mailer or Agent Signing Form Sam Tracy		Telephone 951-682-2005		
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		Round Stamp (Required) Payment Date		
	Presort Verification Performed? (If required) <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Mailed Notified		Contact		
	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)		By (Initials)		Time AM PM		
	USPS Employee's Signature		Print USPS Employee's Name				
	To be completed in non-PostalOne! sites						