## City of Redlands Consumer Confidence Report Certification Form

			City of Redlands 3610037						
									June certif
Certified by: Name		Name:		Kevin Watson					
		Signature	e:	Krim &	worth				
		Title:	S.•	Utilities Operations N	Manager	w.			
		Phone Nu	umber:	(909) 798-7588 x1	Date	e: 7/7/20			
	CCR was dused: Mail	listributed b		•	nethods. Specify other	her direct delivery methods			
$\boxtimes$	"Good fait following		were used	d to reach non-bill pa	ying consumers.	Those efforts included the			
	<ul> <li>✓ Posting the CCR on the Internet at www. <a href="https://www.cityofredlands.org/post/water-quality">https://www.cityofredlands.org/post/water-quality</a></li> <li>✓ Mailing the CCR to postal patrons within the service area (see attached)</li> <li>✓ Advertising the availability of the CCR in news media (attach copy of press release)</li> <li>✓ 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)</li> <li>✓ Posted the CCR in public places (Utility office lobby)</li> <li>✓ Delivery of multiple copies of CCR to single-billed addresses serving several persons, such as apartments, businesses, and schools</li> <li>✓ Delivery to community organizations (attach a list of organizations)</li> <li>✓ Other (attach a list of other methods used)</li> </ul>								
$\boxtimes$	For systems serving at least 100,000 persons: Posted CCR on a publicly-accessible internet site at the following address: <a href="https://www.cityofredlands.org/post/water-quality">https://www.cityofredlands.org/post/water-quality</a>								
	For investo	or-owned uti	ilities: D	elivered the CCR to the	e California Public	Utilities Commission			
This	form is provided	d as a convenien	ce for use to	meet the certification requirer	nent of the California Code	e of Regulations, section 64483(c).			

·Pla	ant-Veri	Postal Service® fied Drop Sh on and Cleara	-	(PV	DS)	1. Requested In-H (3-day window)	ome Delivery Date	2. Drop Ship Appointment Number	
	Mailer Name     Wirz & Company Printing Inc.			4. FAST Scheduler ID		5. Mailer Contact I	Name	6. Mailer Contact Telephone (Include area code) 909-825-6970	
		nt Location (City, state, 2 ARDINO CA 92403	ZIP+4®)			8. Check One  ☑ Identical-Weight Pieces. Weight of a Single Piece			
	☐ Periodi	☐ Periodicals 🏿 Std. Mail or Name			olication Title	11. Total Gross Weight of Shipment (Verified at origin office) 308.1180			
	☐ Package Services ☐ International (Specify class) ———————————————————————————————————					Type of Mail Processing Category (Check all that apply)     Letters □ Automation Compatible □ Irregular Parcels     Flats □ Machinable Parcels □ Nonmachinable Parcels			
tion	13. Pallets		a. No. Palle of Trays	ts _0	b. No. Pallets of Sacks0	c. No. Pallets of Parcels 0	d. No. Pallets of Bundles 0	13.e. Non-Palletized Containers	
Mailer Information	t	i. 5-Digit						i. No. of Bundles	
r III	reso	ii. 5-D Scheme						ii. No. of Trays	
Taile	let P	iii. 5-D CR						iii. No. of Sacks 7	
2	f Pal	iv. 5-D Scheme CR						iv. No. of Parcels	
	Optional if Pallet Presort is known.	v. 3-D						v. No. of Air Boxes	
		vi. All Other						vi. No. of Other (Describe)	
		scounts Claimed Il that apply)	Ø DDU □ □ DSCF □	DNC DAC	DC DFSS DC Internation	Mailing Includes F	Pieces for Delivery O	utside Service Area of Entry Office	
	15. Commer DDU 92:		NDC/ASF des	ignato	r(s) and ZIP Code(s	s) from the DMM lab	el list for mailing pre	esented, or attach register.	
	16a. Contact form)	t at Company Making D	rop Ship Appo	intme	nt (if other than ma	iler and if known wh	en completing this	16b. Telephone	
9	San B	ost Office™ (City, state,	and ZIP+4) U 924	03	-9998	26a. Name of USF Verifying Mai	Genericz	26b. Employee's Telephone Number (Include area code) 909 335 4407	
rerified)	18. Verified a	at: (Mailer's plant) 🎾 Bl	MEU or Post C	Office		26c. Signature of	Verifying Employee	27. Round Stamp (Required)	
Origin Post Office <i>(Where v</i> e	19. Permit Number 20. Postage (Except  ☐ Permit			Payment Method for Periodicals)		26d USPS Conta than verifying		JUN 23 2020	
ost Off	3464		eight of Mailing		KIM Richards.		The second second		
rigin P	23. Vehicle F	PVDS Seal Number	24. Vehicle	D Nur	nber			OSP5	
0	25. Commer	nts				33. Load Condition	on Irregularities <i>(Che</i>	TO PROPERTY CONTROL OF THE PROPERTY OF THE PRO	
e or Delivery Unit	found in MENTON 1842 ME MENTON Note: Appoi	fice (Facility name, addr the Drop Ship Product., NE NTONE BLVD NE CA 92359-1541 ntments with 100% Per acility is open and staffe	iodicals can be			☐ Container match PS ☐ Damaged ☐ Improper N ☐ Load Unsa	Counts do not Form 8125 Mail Mail Makeup		
ost Office	29a. USPS Receiving Employee Signature  29b. USPS Receiving Employee Name 3 24 27					34. Scan the bard	code upon receipt.		

32. Comments (NOTE: Enter bedload discrepancies as percentages and pallet discrepancies as pallet counts.)

31. Date/Time of Departure

Destination Entry Post Offic

30. Date/Time of Arrival

United States Postal Service® Plant-Verified Drop Shipment (PVDS) Verification and Clearance						Requested In-Ho     (3-day window)	ome Delivery Date	2. Drop Ship Appointment Number	
	3. Mailer Name Wirz & Company Printing Inc.				AST Scheduler ID	5. Mailer Contact Name Annette Webb		6. Mailer Contact Telephone (Include area code) 909-825-6970	
		t Location (City, state, 2 RDINO CA 92403	(IP+4®)			8. Check One  I Identical-Weight Pieces. Weight of a Single Piece			
	9. Class of M. Periodic	10. Product or Name		blication Title	Total Gross Weight of Shipment (Verified at origin office)				
	□ Internat				☐ Letters ☐ 🛛 🛣 Flats ☐	Automation Compa Machinable Parcels	tible   Irregular Parcels		
tion		13. Pallets	a. No. Palle of Trays	ts _0	b. No. Pallets of Sacks0	c. No. Pallets of Parcels0	d. No. Pallets of Bundles0	13.e. Non-Palletized Containers	
Mailer Information	t	i. 5-Digit						i. No. of Bundles	
·Info	reso	ii. 5-D Scheme						ii. No. of Trays	
ailer	let P	iii. 5-D CR						iii. No. of Sacks 1	
Σ	Pall	iv. 5-D Scheme CR						iv. No. of Parcels	
	nal if own.	v. 3-D						v. No. of Air Boxes	
	Optional if Pallet Presort is known.	vi. All Other						vi. No. of Other (Describe)	
	14. Entry Discounts Claimed					Mailing Includes Pieces for Delivery Outside Service Area of Entry Office nal Service Center (ISC)   International:			
	15. Comments Record SCF/ADC/NDC/ASF designator(s) and ZIP Code(s DDU 92373								
	16a. Contact at Company Making Drop Ship Appointment (if other than mail form)					iler and if known who	en completing this	16b. Telephone	
d)	17. Origin Post Office™ (City, state, and ZIP+4)  \$AN OKRNARUING CA 92452 - 9278					26a. Name of USPS® Employee Verifying Mail TERF Smi TJ		26b. Employee's Telephone Number (Include area code)	
(Where verified)	18. Verified a ☐ DMU	CONTRACTOR OF THE PARTY OF THE	MEU or Post C	Office		26c. Signature of Verifying Employee		27. Round Stamp (Required)	
100000	19. Permit No	20. Postage Payment Method (Except for Periodicals)  ☑ Permit ☐ Stamped ☐ Meter			26d. USPS Contact Name (If other than verifying employee)		MW 23 2020 CS		
ost Off	21. Total Pied	22. Total Weight of Mailing			IOM RICHARDS				
Origin Post Office	23. Vehicle P	VDS Seal Number	24. Vehicle	ID Nu	mber		為心情	SAS VO	
ō	25. Commen	ts.	3105			33. Load Conditio  ☐ Broken Pal	n Irregularities (Che	ck all that apply)  Mailings are not separated by	
Destination Entry Post Office or Delivery Unit	found in a REDLAN 201 BRO REDLAN Note: Appoir	ice (Facility name, addre the Drop Ship Product.) DS OKSIDE AVE DS CA 92373-9997 htments with 100% Peri acility is open and staffe	odicals can be	e pres	ented whenever the	☐ Container Counts do not match PS Form 8125 ☐ Damaged Mail ☐ Improper Mail Makeup ☐ Load Unsafe ☐ Incorrect Appointment Type		PS Form 8125  Overweight Pallets  Pallets Too Tall  Incorrect Mail Class  Other (Describe in item 32)	
	30. Date/Tim	Receiving Employee The Control of Arrival Legot Arrival Le	31. Date/Tin	ne of		34. Scan the bard	ode upon receipt.		

Pla	nt-Veri	Postal Service® fied Drop Shi on and Cleara		/DS)	Requested In-Ho     (3-day window)	ome Delivery Date	2. Drop Ship Appointment Number	
	3. Mailer Nan Wirz & Com	ne pany Printing Inc.	4. 1	FAST Scheduler ID	5. Mailer Contact Name Annette Webb		6. Mailer Contact Telephone (Include area code) 909-825-6970	
		nt Location (City, state, 2 ARDINO CA 92403	ZIP+4®)		8. Check One  Kildentical-Weight Pieces. Weight of a Single Piece0.0890 lbs.  Discretely Nonidentical-Weight Pieces			
	☐ Packag	fail icals 🔀 Std. Mail ge Services tional (Specify class)	10. Product or P or Names	Product or Publication Title or Names		11. Total Gross Weight of Shipment (Verified at origin office) 2961.8310  12. Type of Mail Processing Category (Check all that apply) □ Letters □ Automation Compatible □ Irregular Parcels		
=		13. Pallets	a. No. Pallets of Trays 0	b. No. Pallets of Sacks 0	⊠ Flats			
atio		I 5 Di i	or trayso	OI Sacks0	OI FAICEISO	of Buildles	i. No. of Bundles	
nform	sort	i. 5-Digit ii. 5-D Scheme	-				ii. No. of Trays	
Mailer Information	Pre	iii. 5-D CR					iii. No. of Sacks 62	
	Optional if Pallet Presort is known.	iv. 5-D Scheme CR					iv. No. of Parcels	
	al if F	v. 3-D					v. No. of Air Boxes	
	stion	vi. All Other					vi. No. of Other (Describe)	
	14. Entry Dis (Check a 15. Commer DDU 92:	scounts Claimed all that apply) onts Record SCF/ADC, 373		ADC Internation Internation Internation	Mailing Includes Pieces for Delivery Outside Service Area of Entry Office al Service Center (ISC)   International:  Ifrom the DMM label list for mailing presented, or attach register.  In the property of the proper			
Origin Post Office (Where verified)	SAN	ost Office™ (City, state, BENARD IN (		1403-999	0011	nith	26b. Employee's Telephone Number (Include area code) 909 - 335 - 4407	
	1/2 3 (Exception Permit 21. Total Pieces 22. Total W			yment Method Periodicals) Stamped	26c. Signature of Verifying Employee  26d. USPS Contact Name (If other than verifying employee)  KIM RICHARDS		27. Round Stamp (Required)  RERNARO  JUN 23 2020  USPS	
Destination Entry Post Office or Delivery Unit	found in LUGONI 404 NEDLAN Note: Appo destination 29a. USPS Signal 30. Date/Tir	ffice (Facility name, addi the Drop Ship Product. A V YORK ST NDS CA 92373-9998 intments with 100% Per facility is open and staff Receiving Employee	riodicals can be pried.  29b. USPS Rec  31. Date/Time of	esented whenever the serving Employee of Departure	□ Broken Pa □ Container match PS □ Damaged □ Improper I □ Load Unsa □ Incorrect A	Counts do not Form 8125 Mail Mail Makeup	All that apply)  Mailings are not separated by PS Form 8125  Overweight Pallets Pallets Too Tall Incorrect Mail Class Other (Describe in item 32)	