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:	Hillsview Homes
Water System Number:	5010007

The water system named above hereby certifies that its Consumer Confidence Report was distributed on **June 30**, **2025** 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:	Miriam Giebeler
Name:	Miriam Giebeler
Signature:	Miriam Giebeler
Title:	Director, Property Management Division, Stanislaus Regional Housing Authority
Phone Number:	209-557-2076
Date:	7/10/2025

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: USPS Direct Mail Distribution							
\boxtimes	"Good faith" efforts were used to reach non-bill paying consumers. Those efforts							
	included the following methods:							
	☐ Posting the CCR on the Internet at							
	☐ 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:							
	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).



Westley Water Notices

Posted/served /Mailed	Address	Date	Notes
Mailed	Direct Mail Distribution to all locations in the 95387 zip code	06/30/2025	
Posted	Post Office- 8627 Hwy 33	06/30/2025	



United States Postal Service

Every Door Direct Mail (EDDM) Retail®

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

Name and Address of Individual or Organization for Which Mailing is Prepared (209) 248-9945 Name and Address of Individual or Organization (209) 248-9945							Idress of Mailing Agent (If other than Telephone								
Mailer															
	Custo	mer Registration I.D. (CRID):	ID) 27382608 Customer Registration I.D. (CRID)											
	Post Office of Mailing							dles	Total # of Pieces per Bundle						
Mailing	Type of Postage D EDDM Retail Indicia Metered Meter Strip			Delivery Type Business & R Route Type(s	esidential	Max We	of a Singleou eight 3.3 ou re/Discount	nces		Every Door Di		ail Barcode			
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Certification	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														
	Signat	ure of Mailer or Agent			·					Agent Signing F		Telephone			
Ф	ınly	Postmaster: Report T						Subtotal Total Nu				Incentive/Disc		SN	Þ
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Acceptance	USPS Use Only	USPS Acceptance Er	S Acceptance Employee Signature									Round Date (Round Date (Required) Payment Date		Acceptance USPS Use Only
		USPS Acceptance Employee Printed Name													
	,	Number of Bundles				Any po	ostage figur	es adjust	ed fron	n mailer's entrie	1	es, reason: Round Date (Verification Date)			
Verification	S Use (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);				Date Mailer Notified Contact By (Initials) Time				AM	M		Verification USPS Use Only	Verification	
>	USF	(3) proper completion	of pos	stage statement.		by (IIII	(Iriliais)		Time	PM				Only	ž
	USPS Verification Employee Signature					Print USPS Verification Employee Printed Name									

EVERY DOOR DIRECT MAIL RETAIL®

5-Digit ZIP Code	Route Number	# of Mailpieces	5-Digit ZIP Code	Route Number	# of Mailpieces
95387	РВОХ	464			

PS Form **3587**, July 2014 (*Page 2 of 2*) PSN 7530-13-000-6929

This form and mailing standards available on Postal Explorer at pe.usps.com

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