



Golden State Water Company

Bay Point Exception Request

I. Account Number or Service Address: _____
 Name: _____ Email: _____
 Daytime Phone: _____ Evening Phone: _____
 Mailing Address: *(if different from service address):* _____

II. Residential Account-Check box which applies:

Ila: Number of people currently living in home full time: _____ single family residential
 Number of people living in home full time during 2005: _____ 2006: _____ 2007: _____
 I Ib: Medical: state medical condition and how additional water will be used for this treatment:
(Please submit physician's verification with this form)

I Ic: Other – Please Describe *(May require a water efficiency audit)*

III. Non-Residential Account-Check box which applies:

IIIa: Unnecessary and undue hardship, including but not limited to adverse economic impacts such as loss of production, loss of jobs, etc. Please provide explanation: *(May require a water efficiency audit)*

IIIb: Emergency condition affecting the health, sanitation, safety of the customer or the public.
 Please provide explanation:

Please return to:
 Customer Service Center
 Golden State Water Company
 PO Box 9016
 San Dimas, CA 91773-9016

I have completed this form and affirm that I am the above account holder and the information contained herein, including attachments, is complete and accurate. I further understand that all variances are subject to change and I may be liable for back charges for providing false information.

IV. Print Name: _____ Signature _____

| GSWC Office use only | | | | | |
|-------------------------------------|--|----------------|--|-------------------------------|--|
| Approved/Denied | | CSA Supervisor | | Application Recd | |
| Allocation Increase (ccf per month) | | Signature | | Applicaton Fwd. | |
| Customer Notified | | Signature Date | | Application Returned from CSA | |

****Please allow up to 30 days for processing**