



LGVSD Tracking No. _____

LAS GALLINAS VALLEY SANITARY DISTRICT

Application Form Low Income Sewer Rate Assistance Program (LISRAP) For Fiscal Year 2025-2026

Ratepayer Information

Ratepayer Name: From Property Tax Bill	
Assessor's Parcel Number (APN): Find on Property Tax Bill	
Applicant Name(s) If Different Than Ratepayer Name:	
Property Address	
Mailing Address If Different than Property Address	
Contact Phone Number:	
Contact email:	

Certification

I certify, under penalty of law that all information provided herein is true. I am aware that submission of this application and supporting documents are subject to approval by the Las Gallinas Valley Sanitary District and that not all applications will be approved.

Applicant Signature

Date

Please send you completed application and attachments to:

- 1) MAIL: Las Gallinas Valley Sanitary District, Attn: Low-Income Sewer Rate Assistance Program (LISRAP)
- 2) OR, DELIVER IN-PERSON: 101 Lucas Valley Road, Suite 300, San Rafael, CA 94903
- 3) OR, E-MAIL: info@lqvdsd.org with "LISRAP" in the "Subject" line.

Ensure you include:

- 4) This application form, and
- 5) Copy of a recent PG&E bill that shows enrollment in the PG&E CARE Program
- 6) Copy of most recent Marin County property tax bill, local property tax statement, or in-lieu license fee
- 7) If you have already paid your County property tax bill, please include proof of payment (copy of the County payment receipt, cancelled check, etc.). **Manufactured home owners can submit mobile home park statement.**