



NIPOMO COMMUNITY SERVICES DISTRICT

148 SOUTH WILSON STREET
POST OFFICE BOX 326
NIPOMO, CA 93444 - 0326
(805) 929-1133 FAX (805) 929-1932
Web site address www.ncsd.ca.gov

LATE FEE WAIVER REQUEST APPLICATION

(Not retroactive; application must be filed before customer's next bill is issued)

THIS PROGRAM IS AVAILABLE TO PROPERTY OWNERS WHO HAVE NOT FILED AND RECEIVED ANY WAIVER OF LATE FEES IN THE LAST 24 MONTHS.

Name on Account: _____

Service Address: _____

NCSD Account Number: _____

Telephone Number: _____

Email Address: _____

As the property owner, I hereby request Nipomo Community Services District ("NCSD") remove the following late fee(s) assessed on my property for the current billing cycle.

10% Late Fee _____ **\$50 Non-payment Fee**

This request is for the "Water Usage Period*" (months) From _____ to _____, 20____.

**This information is found on your bill.*

Initial I understand that the fee(s) removal is available to me once every two years as measured from the last successfully granted, in full or in part, Late Fee Waiver Request Application filing.

Initial I understand that the billing procedure is as follows:

My NCSD bill is mailed out on the 5TH of the month every month

My NCSD bill must be received **in the office or NCSD Drop Box** no later than 4:30PM on the due date stated on the bill.

Please be advised that a postal marking made on an envelope is not a measure of timeliness by NCSD. All payments received by NCSD after the due date are considered delinquent regardless of the postal marking and are subject to late fee(s).

I agree to and accept the conditions of this Late Fee Waiver Request. I have read and understand the District's billing procedures.

Signature (Property Owner or Bona fide Agent)

Print Name

Date

OFFICIAL USE	
DATE REMOVED	_____
AMOUNT REMOVED \$	_____
STAFF	_____