



NSD Tracking No. \_\_\_\_\_

# NOVATO SANITARY DISTRICT

## Application Form Low Income Sewer Rate Assistance Program (LISRAP) For Fiscal Year 2024-2025

Ratepayer Information:

Initial Application

Re-verification Application

**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 Novato Sanitary District and that not all applications will be approved.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

Please send you completed application and attachments to:

- 1) MAIL: Novato Sanitary District, Attn: Low-Income Sewer Rate Assistance Program (LISRAP)
- 2) OR, DELIVER IN-PERSON:
- 3) OR, E-MAIL: [info@novatosan.com](mailto:info@novatosan.com) with "LISRAP" in the "Subject" line.

**Ensure you include:**

This application form, and

Copy of a recent PG&E bill that shows enrollment in the PG&E CARE Program