

Entity Name Tax Identification Number

SBDNO County Service 956002748

Physical Address Line 1

222 W. Hospitality Lane, 2nd Floor

Physical Address Line 2

City State County Zip Code

San Bernardino Select State Select County 92415

Is your mailing address the same as above?

Are you a **Community Water System** ("Community Water System" means a public water system with 15+ service connections used by yearlong residents or regularly serves at least 25 yearlong residents of the area served by the system) and/or a **Wastewater Treatment Provider** ("Wastewater Treatment Provider" means a city, county, special district, or joint powers authority that provides wastewater collection, treatment, or disposal service through a publicly owned treatment works)?

Yes No

Do you use a third party
billing provider?

Yes No

Do you provide billing services for other water or wastewater providers?

Yes No

Entity Contact Information **Authorized Representative**

First Name	Last Name	Position Title
Trevor	Leja	Department of Public Wc
Phone Number	Email	
9093612337	trevor.leja@sdd.sbcooun	

Primary Point of Contact

First Name	Last Name	Position Title
Sally	Johnson	Position Title
Phone Number	Email	
7609559885	sally.johnson@sdd.sbcou	

Direct Pay Agreement Contact

Point of contact for any contractual matters.

Is this contact information the same as the Primary Point of Contact?

First Name	Last Name	Position Title
Sally	Johnson	Position Title
Phone Number	Email	
7609559885	sally.johnson@sdd.sbcou	

Contact for Payment

Point of Contact for any payment related matters. (Example: payment processing issues/concerns)

Is this contact information the same as the Primary Point of Contact?

First Name	Last Name	Position Title
Josue	Palos	Division Manager - Fiscal
Phone Number	Email	
9093868824	josue.palos@dpw.sbcour	

IT Contact

Point of Contact for any IT related matters (Example: file processing errors etc.)

Is this contact information the same as the Primary Point of Contact?

First Name	Last Name	Position Title
David	Vogel	Information Services Mar
Phone Number	Email	
9093868814	david.vogel@sdd.sbcoun	

Financial Institution Information

The protection of your sensitive data is taken very seriously. Financial data entered is confidential and will be secured in accordance with the statutory data protection regulations.

Please provide your financial institution information and payment preferences where potential payments for customer arrearages can be received, if your enrollment is accepted.

Financial Institution Name	Financial Institution Address
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Wells Fargo	Financial Institution Address
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Routing Number	Confirm Routing Number
121000248	121000248

Account Number	Confirm Account Number
4661563304	4661563304

Payment Preference

Please Select

Utility Company Name (as it should appear on check)

Department of Public Works - Special Districts Division - Water and Sanitation

Check Mailing Address Line 1

222 W Hospitality Lane, 2nd Floor

City	State	Zip Code
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San Bernardino	AK	92415
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Customer Account Information

Customer Account Format

Customer Account Format Example

Please Select

201381

Name of Company as it appears on the bill

Special Districts Water and Sanitation

Sample bill*

Sample Bill - 223968.pdf

Clear file

Served Counties*

San Bernardino

Search

W9 Information

Entity Name (as it appears on
your W9 form)

Business Name

TIN Number

Business Name (If different)

956002748

San Bernardino County

Entity Type

Other

Select Entity Type

County/Local Government

Address

222 W Hospitality Lane, 2nd Floor

State	County	Zip Code
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Select State	Select County	92415
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Please upload a completed W9 Form*

Drop a file here or [browse](#)

10 MB limit. Allowed types: .pdf, .png, .jpg, .jpeg

[Upload file](#)

Required Documentation

Download, sign, and upload * [Direct Payment Agreement](#)

Drop a file here or [browse](#)

10 MB limit. Allowed types: .pdf, .png, .jpg, .jpeg

[Upload file](#)

Terms & Conditions

I certify that I am authorized to act on behalf of the water system and complete enrollment in LIHWAP, and to the best of my knowledge and belief the information supplied is true, complete, and accurate for the purposes of this Request for Payment. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729 - 3730 and 3801 - 3812). I acknowledge that LIHWAP payments are issued in reliance of this certification, and false statements, misrepresentations, or material omissions may be the basis for immediate termination of the enrollment, termination of the Direct Pay Agreement, and repayment of all funds received.

I acknowledge.

Authorized Signature

I certify that I am authorized to act on behalf of the water system, and accurately stated the water system's enrollment decision for LIHWAP.

Please draw your signature below

[Draw](#)

[Upload](#)

[Clear Signature](#)

Enrollment Status Log

Modified At	Modified By	Enrollment Form Status	Log Message
25 Apr 2022 07:24	Josue Palos	New Enrollment Form to Draft	

1 to 1 of 1 items

Financial Information Change Log

Modified On	Modified By
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