



**Los Angeles County Sanitation Districts  
Commercial Property Reduction in Service Charge**



**Lock-In Opt-Out Form**

**(Must be received by March 30th to be effective next fiscal year)**

**Property Owner's Information**

Legal Owner(s)\*:

\*If legal owner is not an individual, you must include documentation showing you are authorized to sign on behalf of the legal owner (s) (e.g., Authorized Officer, Partner, etc. ).

Name:  Title:

Mailing Address:

City:  State:  Zip Code:

Telephone No. :  E-mail Address:

**Parcel Information\***

Assessor's Identification/Parcel Number - -

Parcel Address:

City:  State:  Zip Code:

\*To opt-out for multiple parcels you own, list parcel numbers and parcel addresses on the reverse side of this form.

**Opt-Out Starting Fiscal Year:**

**Owner Certification**

I hereby certify I am the property owner; I am electing to opt-out of the lock-in; I understand opting-out increases the frequency of applications but does not alter the methodology of calculating the rebate or the placement of a reduced charge on my tax bill; I understand my reduced charges and/or rebates will still be based on the bracketed water consumption factor table used if I am locked-in; I am electing to submit verifiable water consumption records annually to apply for reduced charges until I am eligible to be locked-in again; I understand if my annual water use does not vary my % reduction will not vary though I will have to submit applications annually; I understand my water consumption factor (% reduction) will be calculated annually and may increase or decrease if I am near the edge of a bracket or if my flows vary significantly; and I understand if I fail to submit verifiable water consumption data in a timely manner I may not receive a reduced charge on my property tax bill and I may have to wait until the end of the fiscal year to apply for a rebate.

**YOUR SIGNATURE(S) MUST BE NOTARIZED**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name & Title \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name & Title \_\_\_\_\_

# Lock-In Opt-Out is requested for the following parcels:

Assessor's Identification/Parcel Number

Parcel Address

1

- -

City:  State:  Zip Code:

2

- -

City:  State:  Zip Code:

3

- -

City:  State:  Zip Code:

4

- -

City:  State:  Zip Code:

5

- -

City:  State:  Zip Code:

6

- -

City:  State:  Zip Code:

7

- -

City:  State:  Zip Code:

8

- -

City:  State:  Zip Code:

9

- -

City:  State:  Zip Code:

10

- -

City:  State:  Zip Code:

11

- -

City:  State:  Zip Code:

12

- -

City:  State:  Zip Code: