



NSD Tracking No. _____

NOVATO SANITARY DISTRICT

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

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 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

Copy of most recent Marin County property tax bill