NSD Tracking No. _____

NOVATO SANITARY DISTRICT

Application Form
Low Income Sewer Rate Assistance Program (LISRAP)
For Fiscal Year 2026-2027

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