Consumer Confidence Report
Certification Form

(To be submitted with a copy of the CCR)

Water System Name: CITY OF SOUTH GATE

Water System Number: 1910152

The water system named above hereby certifies that its Consumer Confidence Report was distributed on JUNE 19, 2015 (*date*) to customers (and appropriate notices of availability have been given). Further, the system certifies that the information contained in the report is correct and consistent with the compliance monitoring data previously submitted to the California Department of Public Health.

Certified by: Name: RAMIRO HERNANDEZ

Signature: Ramiro Hernandez

Title: WATER OPERATIONS FOREMAN

Phone Number: (323)563-5796 Date: 12-7-15

To summarize report delivery used and good-faith efforts taken, please complete this page by checking all items that apply and fill-in where appropriate:

- [X] CCR was distributed by mail or other direct delivery methods (attach description of other direct delivery methods used).
- [ ] CCR was distributed using electronic delivery methods described in the Guidance for Electronic Delivery of the Consumer Confidence Report (water systems utilizing electronic delivery methods must complete the second page).
- [ ] "Good faith" efforts were used to reach non-bill paying consumers. Those efforts included the following methods:
  - [ ] Posting the CCR at the following URL: www.cityof southgate.org/DocumentCenter/Home/View/1236
  - [X] Mailing the CCR to postal patrons within the service area (attach zip codes used)
  - [ ] Advertising the availability of the CCR in news media (attach copy of press release)
  - [ ] Publication of the CCR in a local newspaper of general circulation (attach a copy of the published notice, including name of newspaper and date published)
  - [ ] Posted the CCR in public places (attach a list of locations)
  - [ ] Delivery of multiple copies of CCR to single-billed addresses serving several persons, such as apartments, businesses, and schools
  - [ ] Delivery to community organizations (attach a list of organizations)
  - [ ] Publication of the CCR in the electronic city newsletter or electronic community newsletter or listserv (attach a copy of the article or notice)
  - [ ] Electronic announcement of CCR availability via social media outlets (attach list of social media outlets utilized)
  - [ ] Other (attach a list of other methods used)
- [ ] *For systems serving at least 100,000 persons*: Posted CCR on a publicly-accessible internet site at the following URL: www.cityofsouthgate.org/Document/Center/Home/View/1236
- [ ] *For privately-owned utilities*: Delivered the CCR to the California Public Utilities Commission

#16 115

United States Postal Service

Postage Statement - Standard Mail

Post Office: Note Mail Arrival Date & Time (Do Not Round-Stamp)

Mailer

Permit Holder's Name and Address and Email Address, if Any: City of Southgate, 4900 Southern [illegible] Southgate, CA [illegible] 90280

Telephone:

Name and Address of Mailing Agent (if applicable, see instructions):

Telephone:

Name and Address of Mail Owner (if other than permit holder): City of Southgate, 8650 California Ave, Southgate, CA 90280-3004

CAPS Cust Ref No: CRID 3677750

CRID 595732

CRID 4949520

Mailing

Post Office of Mailing: Bellflower, CA

Type of Postage: [X] Permit Imprint [ ] Precanceled Stamps [ ] Metered

Processing Category: [X] Letters [ ] Flats [ ] Marketing Parcels [ ] Parcels - Machinable [ ] Parcels - Irregular [ ] CMM [ ] Catalogs

Mailer's Mailing Date: 6-19-15

SSF Transaction #:

Weight of a Single Piece: 0.0870 pounds

Combined Mailing: [ ] Mixed Class [ ] Single Class

Federal Agency Cost Code:

Statement Seq. No.:

Total # of Pieces in Mailing: 15,000

Total Weight: 1305

No. and Type of Containers: ___ Sacks; ___ 1 ft. Letter Trays; ___ 2 ft. Letter Trays; ___ EMM Letter Trays; ___ Flat Trays; ___ Pallets; ___ Other

Permit #: 2280

For Mail Enclosed within Another Class: [ ] Periodicals [ ] Bound Printed Matter [ ] Library Mail [ ] Media Mail

[ ] Mailpiece is a product sample. ___ % Samples

For Automation Pieces, Enter Date of Address Matching and Coding: __/__/__

For Carrier Route Pieces, Enter Date of Address Matching and Coding: __/__/__

For Carrier Route Price Pieces, Enter Date of Carrier Route Sequencing: __/__/__

For Pieces Bearing a Simplified Address Enter Date of Delivery Statistics File or Alternative Method: __/__/__

Move Update Method: [X] Ancillary Service Endorsement [ ] NCOALink [ ] ACS [ ] Alternative Method [ ] Multiple [ ] OneCode ACS [ ] n/a Alternative Address Format

This is a Political Campaign Mailing: [ ] Yes [ ] No

This is Official Election Mail: [ ] Yes [ ] No

[ ] Letter-size or flat mailpiece contains DVD/CD or other disk

Postage

Parts Completed (Select all that apply): [ ] A [ ] B [X] C [ ] D [ ] E [ ] F [ ] G [ ] H [ ] I [ ] M [ ] S [ ] NSA

1	Subtotal Postage (Add Parts Totals)	$2,355.00
2	Price at Which Postage Affixed (Check one) Complete if the mailing includes pieces bearing metered/PC Postage or precanceled stamps. [ ] Correct [ ] Lowest [ ] Neither ___ pcs x $ ___ = Postage Affixed	-
3	Incentive/Discount Flat Dollar Amount:	-
4	Fee Flat Dollar Amount:	+
5	Permit # ___ Net Postage Due (Line 1 +/- Lines 2, 3, 4)	

USPS Use

Additional Postage Payment (State reason)

For postage affixed, add additional payment to net postage due; for permit imprint add additional payment to total postage — Total Adjusted Postage Affixed

Postmaster: Report Total Postage in AIC 130 (Permit Imprint Only, Excluding Simplified Addressing (EDDM)) — Total Adjusted Postage Permit Imprint

Postmaster, Report Total Postage in AIC 208 (Simplified Addressing (EDDM), Permit Imprint Only) — Total Adjusted Postage Simplified Addressing (EDDM)

Certification

Incentive/Discount Claimed:

Type of Fee:

The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from mailers within their responsibility, knowledge, or control. The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the prices and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation. I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

Privacy Notice: For information regarding our Privacy Policy visit www.usps.com

Signature of Mailer or Agent:

Printed Name of Mailer or Agent Signing Form: Estella Calvillo

Telephone: 323 773 5391

USPS Use Only — To be completed in non-PostalOne! sites

Weight of a Single Piece: 0 pound

Total Pieces: Total Weight:

Total Postage:

Presort Verification Performed? (If required) [ ] Yes [ ] No (Check one)

I CERTIFY that this mailing has been inspected for each item below if required:
(1) eligibility for postage prices claimed,
(2) proper preparation (and presort where required),
(3) proper completion of postage statement,
(4) payment of annual fee, and
(5) sufficient funds on deposit (if required).

USPS Employee's Signature:

Are postage figures at left adjusted from mailer's entries? [ ] Yes [ ] No If yes, reason:

Date Mailer Notified:

Contact:

By (Initials):

Time: AM PM

Round Stamp (Required)

Payment Date

USPS Use Only — To be completed in non-PostalOne! sites

Company Detail

Company Name	CITY OF SOUTH GATE
Address	4900 SOUTHERN AVE SOUTH GATE, CA 90280-3462
Contact Name	ANNA
Phone Number	(323)357-9645
Profit Indicator	P

PS Form 3607R - Mailing Transaction Receipt

Account Holder Account Number	2552406
Account Holder Permit Number	2280
Account Holder Permit Type	PI
Account Holder CRID	11966922
Post Office of Permit	BELL GARDENS, CA 90201-9998
Post Office of Mailing	BELL GARDENS, CA 90201-9998
Post Office of Permit Cost Center	050576-0802
Post Office of Mailing Cost Center	050576-0802
Mailing Agent Name	WEST COAST MAILERS
Mailing Agent CRID	5959732
Mail Owner Name	CITY OF SOUTH GATE
Mail Owner CRID	4949520
JOB ID	
Customer Reference ID	#6-115
CAPS Transaction Number	N/A
Class of Mail	Standard Mail
Processing Category	Letters
Postage Statement ID	215591728
Mailing Group ID	151326557
Mailer's Mailing Date	06/19/2015
Total Pieces	15,000 pcs.
Weight of a single-piece	0.0975 lbs.
Total Weight	1,462.5000 lbs.
Total Number of Containers	54
Total Adjusted Postage	$ 2,355.00
Payment Date and Time	06/19/2015 13:38
Payment Transaction Number	201517015380630M1
Adjustment Transaction Number	
Mailer Figures Adjusted?	No
Person authorizing adjustment	
Name	
Phone Number	
Acceptance Site Mailer ID	
Clerk Initials	TAV
Mail Arrival Date and Time	06/19/2015 13:30

BELL GARDENS POSTAL STORE
BELL GARDENS California
902019993
0544850417 0098
06/19/2015 (562)776-5294 01:18:15 PM

Sales Receipt

Product Description	Sale Unit Qty	Price	Final Price

Account Number: 2552406
Permit Type: Permit Imprint
Permit Number: 2280
Customer Name: CITY OF SOUTH GATE

Amount of Deposit: $2,412.54
New Balance: $5,440.91
Confirmation #: 201517015175367D

Total: $2,412.54

Paid by:
Personal Check $2,412.54

Order stamps at usps.com/shop or call 1-800-Stamp24. Go to usps.com/clicknship to print shipping labels with postage. For other information call 1-800-ASK-USPS.
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Get your mail when and where you want it with a secure Post Office Box. Sign up for a box online at usps.com/poboxes.
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Bill#:1000202279757
Clerk:08

All sales final on stamps and postage
Refunds for guaranteed services only
Thank you for your business

HELP US SERVE YOU BETTER

TELL US ABOUT YOUR RECENT POSTAL EXPERIENCE

Go to:
https://postalexperience.com/Pos

Or scan this code with your mobile device.

YOUR OPINION COUNTS

Customer Copy