

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE  
SAN FRANCISCO, CA 94102-3298



May 28, 2019

**Advice Letter 362-E**

Nguyen Quan  
Manager, Regulatory Affairs  
Golden State Water Company  
630 East Foothill Boulevard  
San Dimas, CA 91773

**Subject: 2019-2020 CARE and ESA Eligibility Income Levels Update.**

Dear Mr. Quan:

Advice Letter 362-E is effective as of June 1, 2019.

Sincerely,

A handwritten signature in cursive script that reads "Edward Randolph".

Edward Randolph  
Deputy Executive Director for Energy and Climate Policy/  
Director, Energy Division



## ADVICE LETTER SUMMARY ENERGY UTILITY



MUST BE COMPLETED BY UTILITY (Attach additional pages as needed)

Company name/CPUC Utility No.: **Bear Valley Electric Service (913-E)**

Utility type:

- ELC       GAS       WATER  
 PLC       HEAT

Contact Person: **Nguyen Ouan**

Phone #: **(909) 394-3600 x664**

E-mail: **nquan@eswater.com**

E-mail Disposition Notice to: **nquan@eswater.com**

EXPLANATION OF UTILITY TYPE

ELC = Electric      GAS = Gas      WATER = Water  
PLC = Pipeline      HEAT = Heat

(Date Submitted / Received Stamp by CPUC)

Advice Letter (AL) #: **362-E**

Tier Designation: **1**

Subject of AL: **2019-2020 CARE and ESA Eligibility Income Levels Update.**

Keywords (choose from CPUC listing): **CARE, Compliance,**

AL Type:  Monthly  Quarterly  Annual  One-Time  Other:

If AL submitted in compliance with a Commission order, indicate relevant Decision/Resolution #:

**Decision No. 12-08-044**

Does AL replace a withdrawn or rejected AL? If so, identify the prior AL: **No**

Summarize differences between the AL and the prior withdrawn or rejected AL:

Confidential treatment requested?  Yes  No

If yes, specification of confidential information:

Confidential information will be made available to appropriate parties who execute a nondisclosure agreement. Name and contact information to request nondisclosure agreement/ access to confidential information:

Resolution required?  Yes  No

Requested effective date: **6/1/19**

No. of tariff sheets: **7**

Estimated system annual revenue effect (%): **N/A**

Estimated system average rate effect (%): **N/A**

When rates are affected by AL, include attachment in AL showing average rate effects on customer classes (residential, small commercial, large C/I, agricultural, lighting).

Tariff schedules affected:

**D-LI Page 2, Form No. 17 (English) Page 1, Form No. 17 (English) Page 2,  
Form No. 17 (Spanish) Page 1, Form No. 17 (Spanish) Page 2, TOC Page 2, TOC Page 1**

Service affected and changes proposed: **see Advice Letter**

Pending advice letters that revise the same tariff sheets:



Protests and all other correspondence regarding this AL are due no later than 20 days after the date of this submittal, unless otherwise authorized by the Commission, and shall be sent to:

CPUC, Energy Division  
Attention: Tariff Unit  
505 Van Ness Avenue  
San Francisco, CA 94102  
Email: [EDTariffUnit@cpuc.ca.gov](mailto:EDTariffUnit@cpuc.ca.gov)

Name: Nguyen Quan  
Title: Regulatory Affairs Manager  
Utility Name: Bear Valley Electric Service  
Address: 630 E. Foothill Blvd  
City: San Dimas State: California  
Telephone (xxx) xxx-xxxx: (909) 394-3600 x664  
Facsimile (xxx) xxx-xxxx: (909) 394-7427  
Email: [nquan@gswater.com](mailto:nquan@gswater.com)

Name: Zeng Zhu  
Title: Rate Analyst  
Utility Name: Bear Valley Electric Service  
Address: 630 E. Foothill Blvd  
City: San Dimas State: California  
Telephone (xxx) xxx-xxxx: (909) 394-3600 x495  
Facsimile (xxx) xxx-xxxx: (909) 394-7427  
Email: [zeng.zhu@gswater.com](mailto:zeng.zhu@gswater.com)

Clear Form



April 17, 2019

Advice Letter No. 362-E

(U 913 E)

## California Public Utilities Commission

Golden State Water Company ("GSWC") hereby transmits for filing an original and two copies of this advice letter for its Bear Valley Electric Service ("BVES") Division.

<u>CPUC Sheet No.</u>	<u>Title of Sheet</u>	<u>Canceling Sheet No.</u>
Revised No. 2655-E	Schedule No. D-LI Page 2	Revised No. 2517-E
Revised No. 2656-E	Form No. 17 CARE Notice/Application (English) Page 1	Revised No. 2518-E
Revised No. 2657-E	Form No. 17 CARE Notice/Application (English) Page 2	Revised No. 2519-E
Revised No. 2658-E	Form No. 17 CARE Notice/Application (Spanish) Page 1	Revised No. 2520-E
Revised No. 2659-E	Form No. 17 CARE Notice/Application (Spanish) Page 2	Revised No. 2521-E
Revised No. 2660-E	Table of Contents Page 2	Revised No. 2632-E*
Revised No. 2661-E	Table of Contents Page 1	Revised No. 2654-E

**SUBJECT: 2019-2020 CARE and ESA Eligibility Income Levels Update.**

**PURPOSE**

This advice letter updates BVES's Form No. 17 and Rate Schedule No. D-LI to reflect the 2019-2020 eligibility income levels for the California Alternate Rates for Energy ("CARE") Program.

**BACKGROUND**

On February 4, 2019, the California Public Utilities Commission ("CPUC"), in accordance with Decision No. 12-08-044, issued its annual notice to Investor-Owned and Small Multi-Jurisdictional Utilities regarding updated qualifying income levels for the CARE Program for 2019-2020.

The annual income guidelines are compliant with Public Utilities Code Section 739.1 (a).

Utilities are requested to file revised tariffs with the Energy Division reflecting the new income levels stated in the annual notice by May 1, 2019.

**COMPLIANCE**

In compliance with the February 4, 2019 notice from the Energy Division, BVES is filing this advice letter to reflect the CARE program eligibility incomes levels for 2019-2020.

The CARE Program eligibility income levels for 2019-2020 will be as follows:

Effective June 1, 2019 to May 31, 2020	
No. of Person <u>In Household</u>	Income Eligibility Upper Limit*
1-2	\$33,820
3	\$42,660
4	\$51,500
5	\$60,340
6	\$69,180
7	\$78,020
8	\$86,860
Each Additional Person	\$8,840
*Upper Limit Calculation = 200% of Federal Poverty Guidelines	

**TIER DESIGNATION**

This advice letter is submitted with a Tier 1 designation.

**EFFECTIVE DATE**

BVES requests that the revised tariffs become effective on June 1, 2019.

**NOTICE AND PROTESTS**

A protest is a document objecting to the granting in whole or in part of the authority



sought in this advice letter. A response is a document that does not object to the authority sought, but nevertheless presents information that the party tendering the response believes would be useful to the CPUC in acting on the request.

A protest must be mailed within 20 days of the date the CPUC accepts the advice letter for filing. The Calendar is available on the CPUC's website at [www.cpuc.ca.gov](http://www.cpuc.ca.gov).

A protest must state the facts constituting the grounds for the protest, the effect that approval of the advice letter might have on the protestant, and the reasons the protestant believes the advice letter, or a part of it, is not justified. If the protest requests an evidentiary hearing, the protest must state the facts the protestant would present at an evidentiary hearing to support its request for whole or partial denial of the advice letter. The utility must respond to a protest within five days.

**All protests and responses should be sent to:**

California Public Utilities Commission, Energy Division  
ATTN: Tariff Unit  
505 Van Ness Avenue  
San Francisco, CA 94102  
E-mail: [EDTariffUnit@cpuc.ca.gov](mailto:EDTariffUnit@cpuc.ca.gov)

Copies should also be mailed to the attention of the Director, Energy Division, Room 4004 (same address above).

Copies of any such protests should be sent to this utility at:

Golden State Water Company  
ATTN: Nguyen Quan  
630 East Foothill Blvd.  
San Dimas, CA 91773  
Fax: 909-394-7427  
E-mail: [nquan@gswater.com](mailto:nquan@gswater.com)

If you have not received a reply to your protest within 10 business days, contact Nguyen Quan at (909) 394-3600 ext. 664.

**CORRESPONDENCE**

Any correspondence regarding this compliance filing should be sent by regular mail or e-mail to the attention of:

Nguyen Quan  
Manager, Regulatory Affairs  
Golden State Water Company  
630 East Foothill Blvd.

San Dimas, California 91773  
Email: nquan@gswater.com

The protest shall set forth the grounds upon which it is based and shall be submitted expeditiously. There is no restriction on who may file a protest.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ng. Quan', with a stylized flourish at the end.

Nguyen Quan  
Manager, Regulatory Affairs

c: Edward Randolph, Director, CPUC - Energy Division  
Franz Cheng, CPUC- Energy Division  
R. Mark Pocta, Cal PA

**Schedule No. D-LI**

**CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE)  
 DOMESTIC SERVICE - SINGLE FAMILY ACCOMMODATION**

(Continued)

**SPECIAL CONDITIONS**

1. A permanent resident of Bear Valley is one who maintains only one residence and that residence receives electric service from the Bear Valley Electric Service (BVES) and who regularly receives mail, including bills by this utility, through the United States Post Office located at Big Bear City, Big Bear Lake, Fawnskin or Sugarloaf.
2. A customer applying for service under schedule "DLI" will be required to show proof of satisfying Special Condition #1 above and may be required to sign a form that declare that they are not receiving a baseline allowance at any other location (whether inside BVES territory or outside BVES territory).
3. Low-Income Household: A Low-Income Household is a household where the total gross annual income from all sources is no more than shown on the table below based on the number of persons in the household. Total gross income shall include income from all sources, both taxable and nontaxable.

<b>Effective June 1, 2019 to May 31, 2020</b>	
<b>No. of Person In Household</b>	<b>Income Eligibility Upper Limit*</b>
1-2	\$33,820
3	\$42,660
4	\$51,500
5	\$60,340
6	\$69,180
7	\$78,020
8	\$86,860
Each Additional	\$8,840

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\*Upper Limit Calculations = 200% of Federal Poverty Guidelines

4. Application and Eligibility Declaration: An Application and eligibility declaration on a form authorized by the Commission is required for each request for service under this schedule. Renewal of a customer's eligibility declaration will be required every two years and may be required at the Company's discretion.
5. An applicant for new service shall pay a service establishment charge as shown on Schedule No. SSC.



Form No. 17  
NOTICE AND APPLICATION FOR CALIFORNIA  
ALTERNATE RATES FOR ENERGY (CARE) PROGRAM

**YOU MAY QUALIFY FOR A DISCOUNT ON YOUR ENERGY BILL**

To apply for a 20% discount at your residence, please fill out this application and mail it to Bear Valley Electric Service, P.O. Box 1547, Big Bear Lake, CA 92315. You will receive the discount on the next bill after the utility receives and approves your completed and signed application. If you need help filling out the application, or would like more information about the program, call (800) 808-BVES (2837) or visit our office at 42020 Garstin Drive, Big Bear Lake, California 92315.

Other California utilities offer similar bill discounts. Contact your gas utility to receive an application for a discount on your gas bill.

**INCOME REQUIREMENTS**

Effective June 1, 2019 to May 31, 2020	
No. of Person In Household	Income Eligibility Upper Limit*
1-2	\$33,820
3	\$42,660
4	\$51,500
5	\$60,340
6	\$69,180
7	\$78,020
8	\$86,860
Each Additional	\$8,840

\*Upper Limit Calculations = 200% of Federal Poverty Guidelines

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 (T)

**WHAT ARE THE QUALIFICATIONS?**

To qualify for the discount, I understand:

- The energy utility bill will be in my name.
- I may not be claimed as a dependent on another person's tax return.
- My total annual income cannot exceed the chart above. *Total income means the gross income of ALL persons living in my home.*
- I will reapply each time I move.
- I will renew my application every two (2) years, or sooner, if requested.
- I will renew my application every year if I am a sub-metered tenant, or sooner, if requested.
- I will notify the utility within 30 days when I become ineligible for CARE.
- I will provide verification of my household income.

For the purpose of the CARE program the "gross household income" means all money and non cash benefits, available for living expenses, from all sources, both taxable and non taxable, before deductions for all people who live in my home. This includes, but is not limited to:

- |  |   |  |
|--|---|--|
| <input type="radio"/> Wages or salaries  | <input type="radio"/> Social Security, SSI, SSP                                   | <input type="radio"/> Rental or royalty income                                   |
| <input type="radio"/> Interest or dividends from Savings accounts, stocks or bonds | <input type="radio"/> Scholarships, grants, or other aid used for living expenses | <input type="radio"/> Profit from self-employment (IRS form Schedule C, Line 29) |
| <input type="radio"/> Unemployment benefits  | <input type="radio"/> Disability payments   | <input type="radio"/> Worker's Compensation                                      |
| <input type="radio"/> TANF(AFDC)   | <input type="radio"/> Food Stamps   | <input type="radio"/> Child Support  |
| <input type="radio"/> Pensions   | <input type="radio"/> Insurance settlements                                       | <input type="radio"/> Spousal Support  |
| <input type="radio"/> Gifts  | <input type="radio"/> Legal settlements   | <input type="radio"/> Other Income   |

Proof of income acceptable to the utility will be provided when applying for or renewing application.

(Continued)

Advice Letter No. 362-E  
 Decision No. 12-08-044

Issued By  
**R. J. Sprowls**  
 President

Date Filed April 17, 2019  
 Effective June 1, 2019  
 Resolution No. \_\_\_\_\_

Form No. 17  
NOTICE AND APPLICATION FOR CALIFORNIA  
ALTERNATE RATES FOR ENERGY (CARE) PROGRAM

**APPLICATION INFORMATION (please print clearly):**

Applicant Name \_\_\_\_\_

I am a primary residential customer of Bear Valley Electric Service

Bear Valley Electric Account Number

--	--	--	--	--	--	--	--	--	--	--	--

Or a sub-metered tenant of a mobile home park or apartment complex

Master-Metered Account Number

--	--	--	--	--	--	--	--	--	--	--	--

Service Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone No. (home) \_\_\_\_\_ Telephone No. (work) \_\_\_\_\_

Number of Adults Living in Household \_\_\_\_\_

Number of child(ren) Living in Household \_\_\_\_\_

Gross Annual Income of Household \_\_\_\_\_

**By signing below, I certify under penalty of perjury that this information is true and correct under the laws of the state of California. I will provide proof of income and I will notify my energy utility of any changes that affect my eligibility. I understand that this information may be shared with my other energy utility, if applicable.**

Customer Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

<b>FOR BEAR VALLEY ELECTRIC SERVICE USE ONLY</b>		
Date received _____	Date Verified/By _____	Date Effective _____

Form No. 17  
AVISO Y SOLICITUD PARA EL PROGRAMA  
DE CALIFORNIA PARA TARIFAS ALTERNAS (CARE)

**USTED PODRIA CALIFICAR PARA UN DESCUENTO EN SU FACTURA DE ENERGIA ELECTRICA**

Para solicitar un descuento del 20% en su residencia, por favor llene esta solicitud y envíela a Bear Valley Electric Service, P.O. Box 1547, Big Bear Lake, CA 92315. Usted recibirá el descuento en su próxima factura después de haber recibido y aprobado su solicitud completamente llena y firmada. Si usted necesita ayuda para llenar la solicitud; o le gustaría recibir mas información sobre este programa, sírvase llamar al (800) 808-BVES (2837) o visite nuestra oficina localizada en el 42020 Garstin Drive, Big Bear Lake, California 92315.

Otras compañías de servicios publicos de California ofrecen descuentos similares. Contacte su compañía de gas para recibir una solicitud para un descuento en su factura de gas.

**REQUISITOS DE INGRESOS ANUALES**

Efectivo junio 1, 2019 hasta el 31 de mayo 31, de 2020	
Numero de Personas Viviendo en mi casa	Ingresos total anual combinado
1-2	\$33,820
3	\$42,660
4	\$51,500
5	\$60,340
6	\$69,180
7	\$78,020
8	\$86,860
Para cada persona adicional, agregar	\$8,840

\*Cálculos de Limite Superior = 200% de Directrices Federales de Nivel de Pobreza

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 |  
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**CUALES SON LOS REQUISITOS?**

Para calificar para el descuento yo entiendo que:

- La factura de energía esta bajo mi nombre
- No soy reportado como dependiente en los impuestos de otra persona.
- Mi ingreso anual total no puede exceder los de la tabla citada arriba. *Ingreso total significa el ingreso bruto de TODAS las personas viviendo en mi casa.*
- Solicitoré de nuevo cada vez que me mude de casa.
- Renovaré mi solicitud cada dos (2) años, o antes si es requerido.
- Renovaré mi solicitud cada (1) año si soy inquilino con un sub-medidor, o antes si es requerido.
- Notificaré a la compañía de agua dentro de 30 días si pierdo mi elegibilidad para CARE.
- Proveeré verificación de ingresos de mi hogar.

Para propósitos de CARE "ingreso bruto familiar" significa todo ingreso sea en efectivo o no, disponible para gastos de vivienda, de todas las personas, sea que dichos ingresos sean sujetos a impuestos o no, previo a las deducciones, de todas las personas viviendo en su hogar. Esto incluye, pero no se limita a:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Sueldos  | <input type="checkbox"/> Seguro Social, SSI, SSP                             | <input type="checkbox"/> Ingresos de alquiler o regalías                   |
| <input type="checkbox"/> Interés o dividendos de: Cuentas de ahorros, acciones, bonos | <input type="checkbox"/> Becas, préstamos de escuela y otra ayuda financiera | <input type="checkbox"/> Ganancias de autoempleo (IRS Forma C, Renglón 29) |
| <input type="checkbox"/> Beneficios de Jubilación                                     | <input type="checkbox"/> Beneficios por incapacidad                          | <input type="checkbox"/> Compensación al trabajador                        |
| <input type="checkbox"/> TANF(AFDC)   | <input type="checkbox"/> Estampillas para comida                             | <input type="checkbox"/> Apoyo para los niños                              |
| <input type="checkbox"/> Pensiones  | <input type="checkbox"/> Indemnizaciones de seguro                           | <input type="checkbox"/> Apoyo cónyuge                                     |
| <input type="checkbox"/> Regalos en efectivo  | <input type="checkbox"/> Indemnizaciones legales                             | <input type="checkbox"/> Otra ayuda  |

(Continued)

Advice Letter No. 362-E  
 Decision No. 12-08-044

Issued By  
**R. J. Sprowls**  
 President

Date Filed April 17, 2019  
 Effective June 1, 2019  
 Resolution No. \_\_\_\_\_



Form No. 17  
AVISO Y SOLICITUD PARA EL PROGRAMA  
DE CALIFORNIA PARA TARIFAS ALTERNAS (CARE)

**INFORMACION DEL CLIENTE (Favor de Imprimir con Claridad)**

Nombre del Cliente \_\_\_\_\_

Soy cliente principal de Bear Valley Electric Service

Número de cuenta de Bear Valley Electric Service

--	--	--	--	--	--	--	--	--	--	--	--

Soy inquilino con un sub-medidor en un parque para casas móviles o complejo de apartamentos

Número de cuenta principal

--	--	--	--	--	--	--	--	--	--	--	--

Domicilio \_\_\_\_\_

Dirección de correo (si difiere de su domicilio)  
\_\_\_\_\_

No. de Teléfono (Casa) \_\_\_\_\_ No. de Teléfono (Trabajo) \_\_\_\_\_

Número de personas viviendo en su hogar \_\_\_\_\_

Número de niño(s) viviendo en su hogar \_\_\_\_\_

Ingreso bruto anual de los que viven en su hogar \_\_\_\_\_

**Al firmar abajo, certifico bajo pena de perjurio que la información es verdadera y correcta bajo las leyes de California. Proveeré prueba de ingresos y notificaré a mi compañía de energía eléctrica de cualquier cambio que afecte mi elegibilidad. Comprendo que esta información puede ser compartida con otras compañías de energía, si es pertinente.**

Firma del Cliente \_\_\_\_\_ Fecha de firma \_\_\_\_\_

<b>PARA USO DE BEAR VALLEY ELECTRIC SERVICE SOLAMENTE</b>		
Date received _____	Date Verified/By _____	Date Effective _____

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(Continued)

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Subject Matter of Sheet

Sheet No.

Rate Schedules (Continued):

**Rules:**

No. 16	Service Extensions	2117-E, 2118-E, 2119-E, 2120-E, 2121-E, 2122-E, 2123-E, 2124-E, 2125-E, 2126-E, 2127-E, 2128-E, 2129-E, 2130-E, 2131-E	1916-E*, 1880-E*
No. 17	Adjustment of Bills and Meter Tests		640-E, 641-E, 642-E
No. 18	Supply to Separate Premises and Use by Others		2164-E, 2165-E, 2166-E, 2167-E, 2168-E
No. 20	Replacement of Overhead with Underground Electric Facilities		1310-E, 1311-W, 1312-E, 1313-E, 1314-E, 1315-E, 1316-E, 1317-E
No. 21	Generating Facility Interconnections		1318-E, 1319-E, 1320-E, 1321-E, 1322-E, 1323-E, 1324-E, 1325-E, 1326-E, 1327-E, 1328-E, 1329-E, 1330-E, 1331-E, 1332-E, 1333-E, 1334-E, 1335-E, 1336-E, 1337-E, 1338-E, 1339-E, 1340-E, 1341-E, 1342-E, 1343-E, 1344-E, 1345-E, 1346-E, 1347-E, 1348-E, 1349-E, 1350-E, 1351-E, 1352-E, 1353-E, 1354-E, 1355-E, 1356-E
No. 22	Military Family Relief Program		1470-E*, 1471-E*, 1472-E*
No. 23	Mobilehome Park Conversion Program	2092-E, 2093-E, 2094-E*, 2095-E*, 2096-E*, 2097-E*, 2098-E*	

**Sample Forms:**

No. 1	Application for Electric Service		267-E
No. 2	Customer's Deposit Receipt		520-E
No. 3	Bill for Service		2561-E
No. 4	Delinquent Notice		2562-E
No. 5	Reminder Notice		271-E
No. 11	Underground Electric Line Extension Contract New Residential Sub-division	301-E, 302-E, 303-E, 304-E	
No. 12	Underground Electric Line Extension Contract New Commercial/Industrial Development		305-E, 306-E, 307-E
No. 13	Underground Electric Line Extension Contract for Extension to a Residential Subdivision or Commercial/Industrial Development	308-E, 309-E, 310-E, 311-E	
No. 14	Underground Electric Line Extension Contract to Serve One or a Group of Applicants	338-E, 339-E, 340-E, 341-E	
No. 15	Income Tax Component of Contribution Agreement		2630-E*, 2631-E*
No. 17	California Alternate Rates for Energy (CARE) Notice/Application (English)		2656-E, 2657-E (C)
No. 17	California Alternate Rates for Energy (CARE) Notice/Application (Spanish)		2658-E, 2659-E (C)
No. 19	Non-Domestic Service CARE Program Application – Group Living Housing		1248-E
No. 20	Non-Domestic Service CARE Program Application - Employee Housing		1249-E
No. 21	Direct Access Implementation Form		1072-E
No. 22	Net Metering and Interconnection Agreement	1179-E, 1180-E, 1181-E, 1182-E, 1183-E	
No. 23	Parallel Operation Inadvertent Export Interconnection Agreement	1506-E, 1507-E, 1508-E 1509-E, 1510-E, 1511-E, 1512-E, 1513-E, 1514-E, 1515-E, 1516-E, 1517-E, 1518-E, 1519-E, 1520-E, 1521-E, 1522-E, 1523-E, 1524-E, 1525-E, 1526-E	
No. 28	Contract Demand Agreement for Customers Served Under Schedule A-5 TOU		1787-E, 1788-E
No. 29	FIRM/ NON-FIRM Service Agreement for Customers Served Under Schedule A-5 TOU	1789-E, 1790-E, 1791-E, 1792-E, 1793-E	
No. 30	Net Energy Metering Surplus Electricity Compensation Selection Form		1804-E
No. 31	Interconnection and Net Energy Metering Agreement for Large Commercial Customers of a Solar, Wind or Hybrid of Both Generating Facility Having a Capacity of 30KW to 1,000 KW	1805-E, 1806-E, 1807-E, 1808-E, 1809-E, 1810-E, 1811-E, 1812-E, 1813-E, 1814-E	
No. 32	Application for the Interconnection of a Large Solar or Wind Turbine Electrical Generating Facility	1815-E, 1816-E, 1817-E	
No. 33	Application for the Interconnection of a Small Solar or Wind Turbine Electrical Generating Facility	1818-E, 1819-E, 1820-E	
No. 34	Interconnection and Net Energy Metering Agreement for Small Commercial Customers of a Solar, Wind or Hybrid of Both Generating Facility Having a Capacity of less than 30KW	1821-E, 1822-E, 1823-E, 1824-E, 1825-E, 1826-E, 1827-E, 1828-E, 1829-E, 1830-E	
No. 40	Application As Small Business Customer Under Government Code Section 14837		1881-E*
No. 41	Net Energy Metering Net Surplus Compensation Rate (NSCR) Form		1941-E
No. 58	Investigation Order		118-E
No. 60	Joint Utilities' MHP Conversion Program Application		2099-E*
No. 61	Mobilehome Park Conversion Program Agreement		2100-E*

(Continued)

Issued By

Advice Letter No. 362-E

**R. J. Sprowls**

Date Filed April 17, 2019

Decision No. 12-08-044

**President**

Effective June 1, 2019

Resolution No. \_\_\_\_\_



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The following tariff sheets contain all effective rates and rules affecting rates and service of the utility, together with information relating thereto:

<u>Subject Matter of Sheet</u>	<u>Sheet No.</u>
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**R. J. Sprowls**

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**President**

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