EF-540-S-R06-0806-30000753-1

BOE-540-S (FRONT) REV. 6 (8-06)

## \_\_\_\_ MUTUAL OR PRIVATE WATER COMPANY PROPERTY STATEMENT OFFICIAL REQUIREMENT

A report submitted on this form is required of you by section 441(a) of the Revenue and Taxation Code (Code). The statement must be completed according to the instructions and filed with the Assessor on or before April 1, 20\_\_\_\_. Failure to file it on time will compel the Assessor's Office to estimate the value of your property from other information in its possession and add a penalty of 10 percent as required by Code section 463.

This statement is not a public document. The information contained herin will be held secret by the Assessor (Code section 451); it can be disclosed only to the district attorney, grand jury, and other agencies specified in Code section 408. Attached schedules are considered to be part of the statement.

(Make necessary corrections to the printed name and mailing address.)

1. NAME AND MAILING ADDRESS

TI O ORAZIONE

# Claude Parrish Orange County Assessor

500 S. Main Street, First Floor, Suite 103 Orange, CA 92868-4512

or P.O. Box 22000 Santa Ana, CA 92702-2000 (714) 834-3775 www.ocassessor.gov

(a separate statement must be filed for each system locathis county. See Instructions.)	ted in
•	

3. LOCAL PHONE NUMBER ( )  SAMIL Address (optional)  4. TYPE OF SERVICE Domestic Imrigation 5. OWNERSHIP Proprietorship Partnership Corporation Other 6. YEAR STATED SERVICE  FINANCIAL DATA FOR YEAR ENDING  TANGRILE PLANT RECONSTRUCT  BEGINNING DURING VERA VAR ENDING  TANGRILE PLANT OF YEAR STATED SERVICE DURING VERA PLONG RETIREMENTS OF YEAR STATED SERVICE USE OF YEAR VAR ENDING VERA VAR ENDING VERA VAR ENDING VERA VAR ENDING OF YEAR VAR ENDING VERA VAR ENDING OF YEAR VAR ENDING OF Y							
## Address (optional)  4. TYPE OF SERVICE: Domestic   Irrigation   S.OWNERSHIP    Proprietorship   Partnership   Corporation   Other   6. YEAR STARTED SERVICE    FINANCIAL DATA FOR YEAR ENDING   TANGER   FAMILY   SERVICE   TANGER   FAMILY   TANGE							
## Address (optional)  4. TYPE OF SERVICE: Domestic   Irrigation   S.OWNERSHIP    Proprietorship   Partnership   Corporation   Other   6. YEAR STARTED SERVICE    FINANCIAL DATA FOR YEAR ENDING   TANGER   FAMILY   SERVICE   TANGER   FAMILY   TANGE							
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BEGINNING DURING OF YEAR YEAR ADJUSTMENTS OF YEAR VERY USE ONLY  WELL COMMITTED THE PROPERTY OF YEAR O						RALANCE	
Water Rights Buildings  Cher Source of Supply  Cher Jource of Supply  Wells  Pump Equipment  Purification Equipment  Purification Equipment  Reservoirs  Tanks  Mains  Services  Meters  Hydrants  Office Furniture and Equipment  Mobile Equipment Not Licensed by DMW  Tools, Shop and Other Equipment  Total Plant (sum of above items)  Accrued Depreciation  Total Plant (sum of above items)  Accrued Depreciation  Construction Work in Progress  Materials and Supplies  DECLARATION BY ASSESSEE  Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.  Tededate under penalty of perjury under the laws of the State of California that I have examined this property statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief its true, correct, and complete and includes all property statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief its true, correct, and complete and includes all property statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief its true, correct, and complete and includes all property statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief its true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 1201 a.m. on January 1, 20  JOHA		BEGINNING	DURING	DURING		S AT END	
Other Improvements Lakes and Springs Other Source of Supply Wells Dump Equipment Purification Equipment Purification Equipment Reservoirs Tanks Mains Services Mains Services Meters Hydrants Office Furniture and Equipment Office Furniture and Equipment Office Furniture and Equipment Total Plant (sum of above items) Accrued Depreciation Total Plant (sum of above items) Accrued Depreciation Total Plant Less Accrued Depreciation Total Plant Less Accrued Depreciation Total Plant Less Accrued Depreciation Total Plant and Supplies  PECLARATION BY ASSESSEE  Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.  I declare under penalty of perjury under the laws of the State of California that I have examined this property statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12-D1 a.m. on January 1, 20  SENATURE OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  TITLE  NAME OF LESSESSEE OR AUTHORIZED AGENT* (typed or printed)  TITLE	Land	\$	\$	\$	\$	\$	
Other Improvements  Lakes and Springs  Cher Source of Supply  Wells  Pump Equipment  Pump Equipment  Pump Equipment  Pump Equipment  Reservoirs  Tanks  Services  Meters  Hydrants  Services  Meters  Hydrants  Office Furniture and Equipment  Mobile Equipment  Mobile Equipment  Mobile Equipment  Total Plant (sum of above items)  Accrued Depreciation  Total Plant (sum of above items)  Accrued Depreciation  Construction Work in Progress  Materials and Supplies  Note: The following declaration must be completed and signed if you do not do so, it may result in penalties.  PECLARATION BY ASSESSEE  Note: The following declaration must be completed and signed if you do not do so, it may result in penalties.  I declare under penalty of perjury under the laws of the State of California in still sweeperly satements including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, scholarity (hybred or printed)  PITIE  NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  TITLE  ANAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  TITLE  TEDERAL EMPLOYER ID NUMBER	Water Rights						
Lakes and Springs  Other Source of Supply  Wells  Pump Equipment  Purification Equipment  Purification Equipment  Reservoirs  Tanks  Mains  Services  Meters  Hydrants  Office Furniture and Equipment  Mobile Equipment Not Licensed by DMV  Tools, Shop and Other Equipment  Total Plant (sum of above items)  Accrued Depreciation  Total Plant (sum of above items)  Accrued Depreciation  Total Plant (sum of above items)  Retwiction Work in Progress  Materials and Supplies  REMARKS:  DECLARATION BY ASSESSEE  Note: The following declaration must be some letted and signed. If you do not do so, it may result in penalties.  I declare under penalty of perjury under the laws of the State of Colifornia that I have examined this property statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  NAME OF LEGAL EMITY (other than DBA) (typed or printed)  FEDERAL EMILOYER ID NUMBER	Buildings						
Other Source of Supply  Wells  Purification Equipment  Purification Equipment  Reservoirs  Tanks  Services  Meters  Hydrants  Office Furniture and Equipment  Mobile Equipment Not Licensed by DMV  Tools, Shop and Other Equipment  Total Plant (sum of above items)  Accrued Depreciation  Total Plant Les Accrued Depreciation  Total Plant Les Accrued Depreciation  Total Plant Les Accrued Depreciation  Remarks:  DECLARATION BY ASSESSEE  Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.  I declare under penalty of perjury under the laws of the State of California that I have examined this property statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 1.2:01 a.m. on January 1, 20  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* (hyped or printed)  FEDERAL EMPLOYER ID NUMBER	Other Improvements						
Wells Pump Equipment Pump Equipment Reservoirs Reservoi	Lakes and Springs						
Purification Equipment  Reservoirs  Tanks  Mains  Services  Meters  Hydrants  Office Furniture and Equipment  Nobile Equipment Not Licensed by DMV  Tools, Shop and Other Equipment  Total Plant (sum of above items)  Accrued Depreciation  Construction Work in Progress  Materials and Supplies  Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.  I declare under penalty of perjury under the laws of the State of California that I have examined this property statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 1.201 a.m. or January 1, 20  SIGNATURE OF ASSESSEE OR AUTHONIZED AGENT*  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  FEDERAL EMPLOYER ID NUMBER	Other Source of Supply						
Purification Equipment Reservoirs I anks I I I I I I I I I I I I I I I I I I I	Wells						
Reservoirs Tanks	Pump Equipment						
Tanks Mains Services Meters Hydrants Office Furniture and Equipment Office Furniture and Equipment Mobile Equipment Not Licensed by DMV Tools, Shop and Other Equipment Tools, Shop and Other	Purification Equipment						
Mains Services Meters Hydrants Office Furniture and Equipment Mobile Equipment Not Licensed by DMV Tools, Shop and Other Equipment Total Plant (sum of above items) Accrued Depreciation Construction Work in Progress Accrued Depreciation Construction Work in Progress REMARKS:  DECLARATION BY ASSESSEE  Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I declare under penalty of perjury under the laws of the State of California that I have examined this property statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and included to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  FEDERAL EMPLOYER ID NUMBER	Reservoirs						
Services  Meters Hydrants  Office Furniture and Equipment Mobile Equipment Not Licensed by DMV Tools, Shop and Other Equipment Total Plant (sum of above items) Accrued Depreciation Total Plant (sum of above items) Accrued Depreciation Construction Work in Progress Materials and Supplies  Materials and Supplies  DECLARATION BY ASSESSEE  Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I declare under penalty of perjury under the laws of the State of California that I have examined this property statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  FEDERAL EMPLOYER ID NUMBER	Tanks						
Meters Hydrants Office Furniture and Equipment Mobile Equipment Not Licensed by DMV Tools, Shop and Other Equipment Total Plant (sum of above items) Accrued Depreciation Total Plant Less Accrued Depreciation Construction Work in Progress Materials and Supplies Materials and Supplies  REMARKS:  DECLARATION BY ASSESSEE  Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I declare under penalty of perjury under the laws of the State of California that I have examined this property statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  FEDERAL EMPLOYER ID NUMBER	Mains						
Hydrants Office Furniture and Equipment Mobile Equipment Not Licensed by DMV Tools, Shop and Other Equipment Total Plant (sum of above items) Accrued Depreciation Total Plant Less Accr	Services						
Office Furniture and Equipment  Mobile Equipment Not Licensed by DMV  Tools, Shop and Other Equipment  Total Plant (sum of above items)  Accrued Depreciation  Total Plant Less Accrued Depreciation  Construction Work in Progress  Materials and Supplies  REMARKS:  DECLARATION BY ASSESSEE  Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.  I declare under penalty of perjury under the laws of the State of California that I have examined this property statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  TITLE  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  FEDERAL EMPLOYER ID NUMBER	Meters						
Mobile Equipment Not Licensed by DMV  Tools, Shop and Other Equipment  Total Plant (sum of above items)  Accrued Depreciation  Construction Work in Progress  Materials and Supplies  REMARKS:  DECLARATION BY ASSESSEE  Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I declare under penalty of perjury under the laws of the State of California that I have examined this property statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  TITLE  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  FEDERAL EMPLOYER ID NUMBER	Hydrants						
Tools, Shop and Other Equipment Total Plant (sum of above items)  Accrued Depreciation Total Plant Less Accrued Depreciation Construction Work in Progress Materials and Supplies  REMARKS:  DECLARATION BY ASSESSEE  Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I declare under penalty of perjury under the laws of the State of California that I have examined this property statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*  NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  TITLE  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  FEDERAL EMPLOYER ID NUMBER	Office Furniture and Equipment						
Total Plant (sum of above items)  Accrued Depreciation  Total Plant Less Accrued Depreciation  Construction Work in Progress  Materials and Supplies  REMARKS:  DECLARATION BY ASSESSEE  Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.  I declare under penalty of perjury under the laws of the State of California that I have examined this property statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  DATE  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  FEDERAL EMPLOYER ID NUMBER	Mobile Equipment Not Licensed by DMV						
Accrued Depreciation Total Plant Less Accrued Depreciation Construction Work in Progress Materials and Supplies  REMARKS:  DECLARATION BY ASSESSEE  Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.  I declare under penalty of perjury under the laws of the State of California that I have examined this property statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*  DATE  NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  FEDERAL EMPLOYER ID NUMBER	Tools, Shop and Other Equipment						
Total Plant Less Accrued Depreciation  Construction Work in Progress  Materials and Supplies  REMARKS:  DECLARATION BY ASSESSEE  Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.  I declare under penalty of perjury under the laws of the State of California that I have examined this property statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  TITLE  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  FEDERAL EMPLOYER ID NUMBER	Total Plant (sum of above items)						
Construction Work in Progress  Materials and Supplies  REMARKS:  DECLARATION BY ASSESSEE  Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.  I declare under penalty of perjury under the laws of the State of California that I have examined this property statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*  DATE  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  FEDERAL EMPLOYER ID NUMBER	Accrued Depreciation						
Materials and Supplies  REMARKS:  DECLARATION BY ASSESSEE  Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.  I declare under penalty of perjury under the laws of the State of California that I have examined this property statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*    DATE	Total Plant Less Accrued Depreciation						
DECLARATION BY ASSESSEE  Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.  I declare under penalty of perjury under the laws of the State of California that I have examined this property statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*  DATE  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  FEDERAL EMPLOYER ID NUMBER	Construction Work in Progress						
DECLARATION BY ASSESSEE  Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.  I declare under penalty of perjury under the laws of the State of California that I have examined this property statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*  NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  TITLE  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  FEDERAL EMPLOYER ID NUMBER	Materials and Supplies						
Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.  I declare under penalty of perjury under the laws of the State of California that I have examined this property statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*    DATE	REMARKS:						
Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.  I declare under penalty of perjury under the laws of the State of California that I have examined this property statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*    DATE							
I declare under penalty of perjury under the laws of the State of California that I have examined this property statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*  NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  TITLE  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  FEDERAL EMPLOYER ID NUMBER			DECLAR	ATION BY ASSES	SEE		
SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*  NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  FEDERAL EMPLOYER ID NUMBER	I declare under penalty of perjury under the laws or attachments, and to the best of my knowledge and	f the State of Cali I belief it is true,	ifornia that I ha correct, and co	ave examined this permitted in the permitted in the second including the	property stateme es all property re	nt, including accompany	
NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  TITLE  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  FEDERAL EMPLOYER ID NUMBER	- · · · · · · · · · · · · · · · · · · ·	433C33CC III UII3 31	accincil at 12.	or a.m. on January	., 20	DATE	
NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  FEDERAL EMPLOYER ID NUMBER							
	NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)					TITLE	
PREPARER'S NAME AND ADDRESS (typed or printed)  TELEPHONE NUMBER  TITLE	NAME OF LEGAL ENTITY (other than DBA) (typed or printed)			JMBER			
	PREPARER'S NAME AND ADDRESS (typed or printed)	TELEPHONE NUMBER		TITLE			

\*Agent: see back for Declaration by Assessee instructions.

THIS STATEMENT SUBJECT TO AUDIT



EF-540-S-R06-0806-30000753

#### STATISTICAL DATA AS OF DECEMBER 31, 20 \_

	YEAR INSTALLED	ORIGINAL COST	NUMBER	TYPE	SIZE OR CA- PACITY	LENGTH OR DEPTH	LOCATION	ASSESSOR'S USE ONLY
Buildings		\$						
Other improvements								
Lakes and springs								
Other source of supply								
Wells								
Pump equipment								
Purification equipment								
Reservoirs								
Tanks								
Mains — pipe lines — canals & ditches								
Services								
Meters								
Hydrants								
000								
Office furniture and equipment								
Average number of customers during year Total amount of water delivered during year  Does company own water rights in this county in addition to the water system?  Yes No If yes, attach a listing and description of the water rights.								
PROPERTY OWNED BY OTHERS  Did you hold merchandise or other personal prope	erty on consider	ment at 12∙∩	1 am on la	nuany 17	Vec	No If you lie	et the name and a	address of the consignor quantity
description and total amount to be remitted to co	onsignor on a	separate sche	edule and at	tach to th	nis statement.		a circ Hairie alla a	dates of the consignor, qualitity,

Did you hold equipment belonging to others on a loan, rental or lease basis at 12:01 a.m. on January 1? 🔲 Yes 🔲 No If yes, list the name and address of the owner or lessor, description, year constructed, cost if purchased, and rental on a separate schedule and attach to this statement.

Are any other individuals, partnerships, corporations, or joint ventures doing business on your premises? Uses In the name and address of the owner and

briefly describe the nature of the business on a separate schedule and attach to this statement.

The Assessor may provide forms to allocate by code area the property described in this statement. All property (wells, pump houses, pumping plants, reservoirs, tanks, pipe lines, services, etc.) located on land owned by the assessee must be identified by the Assessor's Parcel Number of the land upon which located. If additional space is needed, attach a schedule that lists the parcel numbers.

The exact location of personal property (office furniture and equipment, other equipment, unlicensed equipment, construction work in progress, materials and supplies) on the land owned by the assessee, must be identified by the Assessor's Parcel Number of the land upon which located. If additional space is needed, attach a schedule that lists the parcel numbers.

Each system which is not connected to any other system by pipe lines or canals is considered to be a unit for appraisal purposes.

If costs are available, complete the schedule of Financial Data on the front of the property statement, along with the statistical data on the reverse side.

If cost data is not available and it is not feasible to develop cost, a description of the physical property, with date of construction or installation and original costs, should be reported in the schedule headed, Statistical Data as of December 31, 20 ...

### **DECLARATION BY ASSESSEE**

The law requires that this property statement, regardless of where it is executed, shall be declared to be true under penalty of perjury under the laws of the State of California. The declaration must be signed by the assessee, a duly appointed fiduciary, or a person authorized to sign on behalf of the assessee. In the case of a corporation, the declaration must be signed by an officer or by an employee or agent who has been designated in writing by the board of directors, by name or by title, to sign the declaration on behalf of the corporation. In the case of a partnership, the declaration must be signed by a partner or an authorized employee or agent. In the case of a Limited Liability Company (LLC), the declaration must be signed by an LLC manager, or by a member where there is no manager, or by an employee or agent designated by the LLC manager or by the members to sign on behalf of the LLC.

When signed by an employee or agent, other than a member of the bar, a certified public accountant, a public accountant, an enrolled agent or a duly appointed fiduciary, the assessee's written authorization of the employee or agent to sign the declaration on behalf of the assessee must be filed with the Assessor. The Assessor may at any time require a person who signs a property statement and who is required to have written authorization to provide proof of authorization.

A property statement that is not signed and executed in accordance with the foregoing instructions is not validly filed. The penalty imposed by section 463 of the Revenue and Taxation Code for failure to file is applicable to unsigned property statements.

