

EL PASO WATER UTILITIES PUBLIC SERVICE BOARD
VERIFICATION OF ELIGIBILITY FOR NON-PROFIT RATE

Name: _____
Property Address: _____
Telephone: _____
Email: _____
Account No: _____

I, _____, hereby certify and affirm:

1. That I am a non-residential stormwater customer in the City of El Paso;
2. I am a 501(C)(3), 501(C)(4), 501(C)(19) or 501(C)(23) per IRS regulations.

I am attaching a copy of the IRS determination letter as evidence of my non-profit status.

I hereby certify that I have read the verification, that it is true and accurate, and that I am eligible to receive the non-profit stormwater rate.

Print Name

Signature

Date

Title

Return completed form and documentation to:

El Paso Water Utilities Public Service Board
Attention: Stormwater Customer Service
6400 Boeing
El Paso, TX 79925

Or submit electronically to: customer.service@epwu.org
Or fax to 594-5660.