

ORIGINAL

Decision No: 69181  
Docket No: W-01303A-05-0280  
WS-01303A-02-0867  
WS-01303A-02-0869  
WS-01303A-02-0870



0000065305

RECEIVED

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January 11, 2007

2007 JAN 12 P 4: 46

**Compliance Item:**

AZ CORP COMMISSION  
DOCUMENT CONTROL

Decision No. 69181 dated December 5, 2006 in WS-01303A-05-0280 et al states, "IT IS FURTHER ORDERED that Arizona-American Havasu Water District shall notify its customers of the arsenic cost recovery surcharge tariff approved herein within 30 days of the effective date of this Decision."

**Response:**

Attached is the self-mailer mailed December 14, 2006 to each customer in the Havasu Water District along with the postage statement confirming the entire mailing.

Arizona Corporation Commission  
DOCKETED

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**NOTICE OF A WATER RATE INCREASE TO HAVASU WATER  
CUSTOMERS OF ARIZONA AMERICAN WATER COMPANY (AAWC):**

YOU WERE ADVISED IN A PREVIOUS NOTICE THAT AAWC HAD FILED A REQUEST WITH THE ARIZONA CORPORATION COMMISSION (ACC) FOR IMPLEMENTATION OF AN ARSENIC COST RECOVERY SURCHARGE REFLECTING THE COST OF REQUIRED WATER TREATMENT FACILITIES TO MEET NEW FEDERAL STANDARDS. THE ACC AUTHORIZED THIS SURCHARGE TO BECOME EFFECTIVE WITH YOUR DECEMBER 2006 BILLING. IT IS ESTIMATED THAT THIS SURCHARGE WILL INCREASE THE AVERAGE RESIDENTIAL CUSTOMER BILL BY \$12.01 A MONTH (BASED ON USAGE OF JUST OVER 10,000 GALLONS PER MONTH).

YOUR WATER BILL WILL REFLECT A NEW BASE SURCHARGE OF AT LEAST \$5.62 PER METER DEPENDING ON THE SIZE OF YOUR WATER METER AND A NEW WATER VOLUME FEE OF \$0.6302 FOR EVERY 1,000 GALLONS.

THE COMPANY ANTICIPATES THE ARSENIC COST RECOVERY SURCHARGE WILL END AT THE CONCLUSION OF THE NEXT RATE CASE. THE NEXT RATE CASE WILL AGAIN EXAMINE THE REASONABLENESS OF COSTS FOR NEW WATER TREATMENT FACILITIES IN DETERMINING NEW PERMANENT WATER RATES. THE COMPANY IS REQUIRED TO FILE A NEW RATE CASE BY MAY 31, 2008.



AW-AZ-804

United States Postal Service  
**Postage Statement — First-Class Mail  
 and Priority Mail**

Post Office: Note Mail Arrival Date & Time

Use this form for either First-Class Mail or Priority Mail. They may not be combined.

Mailing	Permit Holder's Name and Address and Email Address, if Any <b>Oak Tree Marketing 34 Pennsylvania Ave Malvern PA 19355</b>	Telephone <b>610 889-0930</b>	Name and Address of Mailing Agent (if other than permit holder)	Telephone	Name and Address of Individual or Organization for Which Mailing Is Prepared (if other than permit holder) <b>Arizona American Water 15626 N Del Webb Blvd Sun City AZ 85351</b>
	CAPS Cust. Ref. No. Dun & Bradstreet No.		Dun & Bradstreet No.		Dun & Bradstreet No.

Mailing	Post Office of Mailing <b>Malvern PA</b>	Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Automation Flats (DMM 301.3) <input type="checkbox"/> Parcels	Mailing Date <b>12/14/06</b>	Federal Agency Cost Code	Statement Seq. No.	No. & type of Containers <b>1-2A 1-1F</b>
	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Permit # <b>64</b>	For Mail Enclosed Within Another Class <input type="checkbox"/> Standard Mail <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post	Weight of a Single Piece <b>0.075</b> pounds	Total Pieces <b>1601</b>	Total Weight <b>12.0075</b>
For Automation Rate Pieces, Enter Date of Address Matching and Coding (DMM 708.3.3) <b>12/13/2006</b>		For Automation Carrier Route Rate Pieces, Enter Date of Address Matching and Coding (DMM 708.3.3)				

Postage	Parts Completed (Select all that apply) <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> S	Total Postage (Add parts totals) <b>489.26</b>
	Rate at Which Postage Affixed (Check one) (DMM 234.1.1) <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither	pcs. x \$ _____ = Postage Affixed
	Net Postage Due (Subtract postage affixed from total postage) <b>489.26</b>	

Total Adjusted Postage Affixed	<b>489.26</b>
Total Adjusted Postage Partial Inquiries	<b>0.00</b>

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 matters 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 the mailing qualifies for the rates 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](http://www.usps.com).

Signature of Mailer or Agent <b>[Signature]</b>	Printed Name of Mailer or Agent Signing Form <b>Justin H...</b>	Telephone <b>610 889-0930</b>
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USPS Use Only	Weight of a Single Piece _____ pound	Are postage figures being requested from mailer's carrier? If yes, reason: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Total Pieces	Total Weight
	Total Postage	
	Check One <input type="checkbox"/> Presort Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled	
	I CERTIFY that the mailing has been inspected concerning: (1) bulk mail piece rates claimed; (2) proper preparation of mail pieces (as required); (3) proper completion of postage statement; and (4) payment of initial fee, if required.	Date Mailed <b>12/14/06</b>
Verifying Employee's Signature	Verifying Employee's Name	Time <b>AM</b>

