Public Comment - Grp 2 #5

LATE DIST

Petition Opposing 2.4% Sewer Rate Increase for Laguna Sanitation District

The undersigned property owners, residents and customers of Laguna Sanitation District oppose the 2.4% proposed Sewer Rate increase scheduled to go into effect July 1, 2026.

We urge a NO vote on this rate increase and/or any rate increase for this fiscal year 2026-27.

1. We recommend the Board of Supervisors implement a "Low Income Sewer Rate Discount" for low/fixed income customers.

2. We ask the Board to direct the County Manager to draft an amendment to the Laguna Sanitation District rate schedule for Condo/Apt/Mobile Homes to reflect this change in policy and that this proposed amendment be placed on an upcoming regular Board Meeting Agenda.

3. We hereby submit a sample "Application for Low Income Sewer Rate Discount" from Bisbee, AZ population 5,000 that uses the same waste water treatment system as Laguna Sanitation District. This jurisdiction gives discounts from 20-50% off the sewer rate based on income and certain circumstances impacting a customer's ability to pay. This rate discount is reviewed annually.

4. We further recommend a "Variable Rate Plan" for Condo/Apt/Mobile Homes that directly correlates sewer rates with water usage rather than a flat rate of $79.53 (being raised $1.89 to $81.42) for all customers in this category. This "Variable Rate Plan" would be an alternative to a sewer rate discount.

Submitted June 9, and June 23, 2026.

Donna Pulling [redacted]

1. Donna Pulling [redacted]
2. Lymai Lane [redacted]
3. Jennifer Schwenk [redacted]
4. Felicia Reynolds [redacted]
5. Ali Ballard [redacted]
6. Wendy Clyde [redacted]
7. [redacted]
8. Eric Ousgard [redacted]
9. [redacted]

Finance Department
118 ARIZONA St., Bisbee, Arizona 85603
Phone (520) 432-6005
Email: aocoronado@bisbeeaz.gov or derkin@bisbeeaz.gov

Application for Low Income Sewer and Garbage Discount

You may be eligible for a discount on your sewer bill if your total household income from all sources is less than the federal poverty income level, for a two-person household, You own your home and can provide the required proof of income.*

PLEASE PRINT

_____ _____

Name Spouse's Name

_____

Service Address

_____

Mailing Address (if different from service address)

_____

Telephone Number(s)

_____

Names and ages of all other persons residing at service address

Total Income for each member of your household, for all sources for the prior calendar year:

_____

If the amount of this income has changed since the end of the prior calendar year, please explain and itemize:

_____

_____

If you or any members of your household receive any salary, child support, interest or rental income, dividends or benefits through TANF, SSI, SSP, Social Security, Veteran's Disability, unemployment or retirement, please identify the recipient and itemize the amount of each such payment:

_____

If you or any member of your household has been subject to any event or circumstance that severely limits or prevents you being able to pay the full sewer rates, please explain these circumstances:

_____

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THIS APPLICATION MUST BE NOTARIZED IN ORDER TO BE CONSIDERED

I hereby certify under penalty of perjury that the information on this form is true and correct. I understand the conditions for receiving this Low Income Sewer Discount and I hereby verify I am eligible.

_____ _____
Signature Date

STATE OF _____)

COUNTY OF _____)

Signed and sworn before me this _____ day of _____, 20___ by_____.

My commission expires on _____

_____ _____
Notary Signature Printed Name

This form must be completed each year in order to receive discount

***Please present copies of your most recent state and federal income tax returns and payment records confirming the amounts listed above with your application. These records will be returned to you following review of this application.**

FOR CITY USE ONLY

Received by _____

Date Stamp

Approved____Denied____Reason _____

_____