

FOX CANYON GROUNDWATER MANAGEMENT AGENCY

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RECIPIENT VERIFICATION FORM: SUBSTITUTION OF CITY OF OXNARD RECYCLED WATER FOR GROUNDWATER

Application to substitute City of Oxnard Recycled Water for Groundwater in accordance with [Resolution No. 2023-02](#). Please provide the following information:

WATER YEAR EFFECTIVE: _____

RECYCLED WATER RECEPIENT INFORMATION

Organization: _____

Authorized Contact: _____

Facility Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

CombCode: _____

RECYCLED WATER RECEIVED

List or attach the following information:

Delivery Start Date: _____

Amounts Received: _____

GROUNDWATER SUBSTITUTION DETAILS

Groundwater Extraction in the preceding Water Year (AFY):

Annual Allocation: _____

SUPPORTING DOCUMENTATION

Attach the following Recycled Water Delivery Records:

Meter Readings

Invoices

CERTIFICATION

I declare under penalty of perjury under the laws of the State of California that the information contained on this form is true and correct. Recycled water was used in lieu of groundwater during the period specified.

Name of Authorized Signatory: _____

Signature: _____ Date: _____