



EAST BAY MUNICIPAL UTILITY DISTRICT
Water Theft Penalty Appeal Form

Account Number
(if applicable): _____

11-digits (if applicable)

Penalty Amount: \$ _____

Appellant Name:
(Please print clearly)

Last Name

First Name

Service Address
(if applicable):

Service Address (Do NOT use a P.O. Box)

Apartment #

City

ZIP Code

Appellant's

Mailing Address:

(if different than the above
address)

Mailing Address

Apartment #

City

State

ZIP Code

Contact Phone(s):

() _____

Day

() _____

Evening

Email:

(Please print clearly)

You have been assessed a penalty for violation of the District's Water Theft Penalty Ordinance #365-14 which provides for administrative penalties for water theft. A copy of the Ordinance can be found at www.ebmud.com/water-theft. If you wish to appeal this penalty, please use the space below to explain why you believe the penalty should not be imposed.

Note: Your appeal must be post-marked **within 15 calendar days** of the date of the District's water bill or invoice **on which the penalty was imposed**. Please include any photos or other evidence supporting your appeal. The appeal must be signed and dated by the appellant. Incomplete or unreadable appeals will be denied. You will receive a response from the District within 30 days of the District's receipt of your appeal.

*I certify under penalty of perjury that all the information I have provided for this appeal is truthful and correct. I understand that all the information I have provided is subject to verification by EBMUD and may require an inspection by EBMUD of the exterior of my premises. I acknowledge that EBMUD reserves the right to deny this appeal and demand payment of the penalties imposed if this appeal is denied or if it is determined that any information provided in this Water Theft Penalty Ordinance Appeal is inaccurate or false. **PLEASE REMEMBER TO SIGN FORM BELOW.***

Appellant Signature: _____

Date: _____

APPEALS FOR WATER THEFT PENALTIES must be mailed (no faxes or emails) **to:**

EBMUD Water Theft Penalty Ordinance Appeals
c/o EBMUD Customer Services Division
P.O. Box 24055, MS #42
Oakland, CA 94623-1055

For District Use Only

Appeal Reviewer: _____

Accepted ☐

Denied ☐

Date: _____