

EAST BAY MUNICIPAL UTILITY DISTRICT Water Theft Penalty Appeal Form

Account Number (if applicable):	Penalty Amount: \$						
Annallant Names		,					
Appellant Name: (Please print clearly)				Firs	t Name		_
Service Address (if applicable):							
	Service Address (Do NOT use a	P.O. Box)	Apartment #	City		ZIP Code	
Appellant's Mailing Address:				201			
(if different than the above address)	Mailing Address		Apartment #	City	State	ZIP Code	
Contact Phone(s):	() Day	() Evening	Email:	(Pleas	e print clearly)	
other evidence suppo	e, which notified you of yorting your appeal. The aill be denied. You will re	appeal mu	ist be signed and	d dated by you,	the appe	llant. Incomplet	e oı
understand that all th by EBMUD of the ex demand payment of th	ty of perjury that all the e information I have prov sterior of my premises. I he penalties and related co al is inaccurate or false. I	rided is su acknowle harges if t	bject to verificati edge that EBMU his appeal is den	on by EBMUD of the control of the co	and may re right to de termined t	equire an inspec eny this appeal	tion ana
Appellant Signatur			A TOWN (1)	Date:			
APPE	ALS FOR WATER THI			, ,	s or email	s) to:	
		MUD Cus P.O. Box	t Penalty Ordinar stomer Services D 2 24055, MS #42 CA 94623-1055				
		For Dist	trict Use Only				
Appeal Reviewer:		Accepte	d Denied D	Date: _			