



EAST BAY MUNICIPAL UTILITY DISTRICT
Excessive Water Use Penalty Appeal Form

Account Number: _____ Penalty Amount: \$ _____
11-digits

Account Holder: _____
(Please print clearly) Last Name First Name

Service Address: _____
Service Address (Do NOT use a P.O. Box) Apartment # City ZIP Code

Mailing Address: _____
(if different than the above Mailing Address Apartment # City State ZIP Code
address)

Contact Phone(s): () _____ () _____ Email: _____
Day Evening

You have been assessed a penalty for violation of District's Excessive Water Use Penalty Ordinance which provides for administrative penalties for excessive water use. A copy of the Ordinance can be found at www.ebmud.com/excessive-use.

If you wish to appeal this penalty, please use the space below to explain why you believe the penalty should not be assessed. Note: Your appeal must be post-marked within 15 calendar days of the date of the water bill for the billing cycle in 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/account holder. 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. An imposed penalty may be appealed for a valid medical reason or in the case of District billing error, demonstrable meter malfunction, or a water leak that resulted in water loss that did not benefit the account holder.

- Water needed for medical reason (please explain below)
Water leak (please attach evidence of repair)
Billing error/meter malfunction (please explain below)
Other (please describe below)

Blank lines for providing an appeal explanation.

I certify under penalty of perjury that all the information provided on this declaration is truthful and correct. I understand that all the information 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 request and demand payment of the penalties imposed if this request is denied or if it is determined that any information provided in this Excessive Use Penalty Appeal Form is inaccurate or false. PLEASE REMEMBER TO SIGN FORM BELOW.

Appellant Signature: _____ Date: _____

APPEALS FOR EXCESSIVE WATER USE PENALTIES must be mailed (no faxes or emails) to:

EBMUD Excessive Water Use 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: _____