



EAST BAY MUNICIPAL UTILITY DISTRICT

Excessive Water Use Penalty Exemption Form

Account Number: _____
11-digits

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

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

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

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

The District's Excessive Water Use Penalty Ordinance #364-15 provides for administrative penalties for excessive water use as set forth in the Ordinance. A copy of the ordinance can be found at www.ebmud.com/excessive-use.

An imposed penalty may be appealed for health and safety reasons, District billing error, demonstrable meter malfunction, or a water leak that resulted in water loss that did not benefit the account holder. If your situation does not fit into any of these appeal categories and you believe you have valid reasons for being exempt from the excessive water use penalties, please use the space below to explain. Please include any photos or other evidence supporting your appeal. An exemption request must be signed and dated. Incomplete or unreadable requests will be denied. You will receive a response within 30 days of the District's receipt of your exemption request.

- Health or safety (please explain below)
Other (please explain below)

Four horizontal lines for providing 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 Exception Request is inaccurate or false. PLEASE REMEMBER TO SIGN FORM BELOW.

Customer Signature: _____ Date: _____

REQUESTS FOR EXCESSIVE USE EXEMPTION must be mailed (no faxes or emails) to:

EBMUD Excessive Use Penalty Exception
EBMUD Customer Services Division
P.O. Box 24055, MS: 42
Oakland, CA 94623-1055

For District Use Only
Request Reviewer: _____ No. _____ Accepted [] Denied [] Date: _____