

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	:		
An imposed penalty meter malfunction, or situation does not fi exempt from the exphotos or other ev Incomplete or unre District's receipt of	y may be appealed for or a water leak that res it into any of these app cessive water use pena- ridence supporting you adable requests will be your exemption reques	r health a ulted in w eal categ alties, plea ur appeal pe denied	and safety reas vater loss that dories and you lase use the spa l. An exempti	ons, District lid not benefi believe you have below to con request r	billing erro t the account tave valid rexplain. Plant controlling the signification of the si	or, demonstrable at holder. If your easons for being ease include any gned and dated.	
understand that all th EBMUD of the exterion payment of the penalt Excessive Use Penalty	ty of perjury that all the information provided in or of my premises. I acknowies imposed if this requence Exception Request is incommon.	s subject to wledge the st is denied	o verification by at EBMUD reser d or if it is dete	EBMUD and ves the right to rmined that are	may require o deny this re ny informatio R TO SIGN	e an inspection by equest and demand on provided in this	
Customer Signatur	e:				Date:		
REQUEST	TS FOR EXCESSIVE U	SE EXEM	IPTION <u>must</u>	be mailed (no faxes or	emails) to:	
			ve Use Penalt	_			
			omer Services				
			x 24055, MS:				
	,	Jakialiu,	CA 94623-10	JJJ			

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