



LONG BEACH WATER DEPARTMENT

The Standard in Water Conservation &
Environmental Stewardship

Request for a Hearing to Appeal a Notice of Violation that was issued by the Long Beach Water Department for a Prohibited Use of Water (Form)

The recipient of a Long Beach Water Department (LBWD) Notice of Violation (NoV) may request an appeal of said violation by completing this Form.

Only the person named on the water account, i.e., the “Customer”, may request an appeal and sign this Form.

In order to qualify for an appeal this Form must be complete and the completed Form received by LBWD at 1800 East Wardlow Road, Long Beach, CA 90807, on or before the close of business thirty (30) calendar days from the date the NoV was served.

This Form shall only be deemed complete if all the requested information is provided and either (a) the required attached check or money order is provided or (b) a complete “Advance-Deposit Hardship Waiver” (see below) is provided.

Failure to file a complete Form in a timely manner shall be deemed a waiver of your right to appeal and a failure to exhaust your administrative remedies.

Additional NoV and Prohibited Use of Water Charges may be issued during the appeal period if additional violations occur.

The Hearing rules and procedures adopted by the City of Long Beach Board of Water Commissioners are set forth in the LBWD RULES, REGULATIONS AND CHARGES GOVERNING POTABLE WATER, RECLAIMED WATER, SEWER SERVICE, AND THE WATER CONSERVATION AND WATER SUPPLY SHORTAGE PLAN, PART 19: WATER CONSERVATION AND WATER SHORTAGE SUPPLY PLAN (Plan) Section 1906 and Section 1907. This document can be found on our website (www.lbwater.org).

Staple a complete copy of the NoV you received to this page or complete the following:

As shown in the NoV

- a. 10-digit account number: - - - - -
- b. Date of NoV: / / 20
- c. PUoW Case #:
- d. Amount of PUoW Charge: \$.00

Customer named on water account

- a. Customer name:
- b. Mail Address: Street:
- City: State: Zip code:
- c. Daytime phone number: () -

Check one of the following two box indicating which option you have complied with:

- I have attached a check or money order made payable to the Long Beach Water Department for the total amount of the PUoW Charge shown on the NoV and any late fees
 If the appeal is denied the deposit shall be retained by LBWD; if the appeal is granted LBWD shall refund the deposit within thirty (30) business days from the date of the final written decision.
- I have completed and attached the “Advance-Deposit Hardship Waiver” (see below).

State the basis for your appeal of the NoV

If additional space is needed, you may submit additional pages; but the top right corner of each of these additional pages must include (1) the Water account number, (2) the date shown on the NoV and (3) the PUoW Case #.

You must sign this Form.

I certify that I am the Customer named above and certify that the information on this Form is true and correct.

Customer Signature

Date

Advance-Deposit Hardship Waiver

Any person who intends to appeal the Notice of Violation and who is financially unable to make the advance deposit as required in Section 1906 of the Plan may request an advance deposit hardship waiver by completing this Advance-Deposit Hardship Waiver.

The deposit requirement described in Section 1906 of the Plan shall be stayed unless or until the General Manager of LBWD makes a determination regarding the deposit waiver request.

The General Manager may waive the requirement of an advance deposit only if the Customer submits a statement under penalty of perjury, together with any supporting documents or materials required by the General Manager, demonstrating to the satisfaction of the General Manager the Customer's actual financial inability to deposit with LBWD the full amount of the PUoW Charges and late charge(s) in advance of the hearing.

Maximum Household Income of those receiving advance-deposit hardship waiver:

Number of Persons in Household	Household's Total Combined Gross Annual Income
1 or 2	\$30,500
3	\$35,800
4	\$43,200

Add \$7,400 for each additional person.

Provide the following (same as the information you entered on the request for an appeal Form):

- a. 10-digit account number: - - - - - - - - - -
- b. Date of NoV: / / 20
- c. PUoW Case #:

Provide the following information:

- 1. The number of people living in my household:
- 2. My household's total combined gross annual income: \$.
- 3. The checked box(es) correspond to documents showing my household's total combined gross annual income, documents that I have attached to this Advance-Deposit Hardship Waiver (you must check at least one of these boxes and submit the referenced documents):
 - Most recent Federal Income Tax return
 - Paycheck stubs (four consecutive pay stubs)
 - Recent Social Security (SSI, SSP) printout showing 12 months of payments
 - Unemployment benefits (four consecutive stubs)
 - Notice of Action/Verification of Benefits/Award Letter

I declare, under penalty of perjury, that I am the person named as "Customer" on the attached request for a hearing Form, that the information on this Advance-Deposit Hardship Waiver is true and correct, that I agree to provide further proof of income if requested, and that I am financially unable to deposit with LBWD the full amount of the PUoW Charge and late charges(s) in advance of the hearing.

Customer Signature

Date

If the General Manager declines to issue a waiver, the Customer shall remit the full deposit to LBWD within ten (10) calendar days of the date of that decision or thirty (30) calendar days from the date the Notice of Violation is served or deemed to have been served, whichever is later.

The General Manager shall issue a written determination listing the reasons for his/her determination to issue or not issue the hardship waiver. The written determination shall be final.

The written determination of the General Manager shall be served personally or by first class mail, postage prepaid, upon the Customer who applied for the hardship waiver.