



LONG BEACH WATER DEPARTMENT

The Standard in Water Conservation &
Environmental Stewardship

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

Any recipient of a Long Beach Water Department (LBWD) Notice of Violation may request an appeal of said violation by completing this Request Hearing to Appeal NOV Form (Form).

In order to qualify for an appeal all the information requested on this Form must be provided 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 Notice of Violation was served. Failure to file the Form, and either pay the associated deposit or request the advance-deposit hardship waiver, in a timely manner shall be deemed a waiver of your right to appeal and a failure to exhaust your administrative remedies.

Additional Notices of Violation 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 Long Beach Water Department's (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).

Only the person named on the water account, i.e., the "Customer", may complete and sign this Form.

You must provide the following information (you will find this information on the Notice of Violation).

9-digit account number: ____-____-____-____-____-____-____-____-____

Customer Name (must match the name on water account): _____

Address serviced by this account: _____

Date shown on Notice of Violation: ____/____/ 20____

PUoW Case #: _____

Amount of PUoW Charge: \$ _____.00

You must comply with one of the following two items. Check the box indicating which of the two 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 Notice of Violation 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 (attached to the end of this Form).

Use the space below to state the basis for your appeal of the Notice of Violation

If additional space is needed, you may submit additional pages; the top right corner of each of these additional pages must include the Water account number, the date shown on the Notice of Violation and the PUoW Case #.

You must provide your contact information and sign this Form.

I, the Customer named above, whose mailing address is
(street:) _____,
(city:) _____, (state:) _____ (Zip code:) _____
and whose daytime phone number is: () _____ - _____,
certify that the information on this Form is true and correct.

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.

You must provide the following information, corresponding to the information you entered on the request for an appeal Form.

Date shown on Notice of Violation: ____/____/ 20____

PUoW Case #: _____

You must complete the following three items:

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.