## Water Service System Violation Notice Appeal Form

(if applicable):	(if applica	able)	Penalty Amount: \$				
Appellant Name: (Please print clearly) Service Address (if applicable):	Last Name			First Name			
(II applicanie).	Service Address (Do NO	T use a P.O. Box)	Apartment #	City	ZIP	Code	
Appellant's Mailing Address: (if different than the above	Mailing Address		Apartment #	City	State ZIP	Code	
address)		1	`	•			
Contact Phone(s):	() Day	(		Email:	(Please print	clearly)	
Statement and Invoice other evidence suppounreadable appeals wo f your appeal.	orting your appeal.	The appeal mus	st be signed a	and dated by you	i, the appellant.	Incomplete or	
I certify under penal understand that all th by MCWD of the exten payment of the penalt in this appeal is inacc	e information I have rior of my premises. ies and related charg	e provided is suc I acknowledge i ges if this appea	bject to verific that MCWD re al is denied, or	cation by MCWD eserves the right to if it is determined	and may require to deny this appe d that any inform	e an inspection eal and demand	
MCWD	e: ALS FOR WATER TO Water Theft Penalty d Avenue, Suite B Mar	Ordinance Appea			nails) <b>to:</b>		
		For Dist	rict Use Only				
Appeal Reviewer:		Accepted	d Denied	Date:			

Rev. 11/05/2025