Palo Alto Park Mutual Water Company

FORM FOR

CUSTOMER APPEAL OF ASSIGNED WATER SERVICE RATE CATEGORY

Customers: After reviewing the Policy and Procedure for Customers Appeal of Assigned Water Service Rate Category on the Company’s website, please complete this form and mail it with all evidence and materials in support of your Appeal to the Company at 2190 Addison Avenue, East Palo Alto, California, 94303. The terms defined in the Company’s Appeal Policy on its website have the same meaning in this Appeal form.

I. Customer Information:

Name: ______________________________________ (“Appellant”) Account Number: __________________________

Address: _______________________________________________________________________________________ __________________________

City: ___________________________ State: ___________________________ Zip Code: ________________________

Phone: ___________________________ E-mail: _________________________________________________________ __________________________

II. Parcel Information:

Date of Bill* with Disputed Rate Category: ____________________________________________________________

Disputed Rate Category (i.e., the classification, monthly rate, or monthly surcharge under the Rate Structure):

________________________________________________________________________________________________

Amount of disputed Fees: ____________________________________________________________

*Please submit a copy of this Bill with your completed form.

III. Reason for Appeal and Step in Appeal Process:

This Petition is being submitted to: ( ) initiate the Appeal Process ( ) Appeal a Hearing Officer’s previously issued decision

For all Appellants: Please provide sufficient details explaining the reason for your Appeal and why you believe the Disputed Rate Category is incorrect. For those appealing a Hearing Officer’s decision, please also provide sufficient details explaining why you are appealing the Hearing Officer’s decision and why you believe that decision may be incorrect.

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(Please attach additional sheets of paper needed to complete this answer.)
IV. Appeal Process:

a. Optional Step: Contesting Rate by Phone

Has Appellant called the Company to request an explanation and any Supporting Documentation used by the Company to determine the assigned Rate Category that is the subject of this Appeal?

( ) Yes ( ) No

b. Step One: Complete this Section if you are Submitting a Petition to Initiate an Appeal

By signing and submitting this Petition, I, Appellant, hereby Appeal the Rate Category assigned to my Parcel for the reasons stated in my answers on this form. I understand that I will be mailed a notice of the hearing date described in Step Two below and any required Supporting Documentation relating to my Appeal no later than fifteen (15) calendar days before the hearing date, which I acknowledge will allow me enough time to inspect any such materials in advance of the hearing. Finally, I understand I will have ten (10) business days from the date of the Hearing Officer's decision to accept that decision or to Appeal it to the Board.

I declare under penalty of perjury that all written statements made by me in this form are, to the best of my knowledge, true and correct as of the date next to my signature below.

Date of Initial Petition of Appeal: ___________________________ Signature: _______________________________________

c. Step Two: Preparing for and Completing Hearing with Company's Hearing Officer

Appellants initiating an Appeal under Step One will be required to personally appear before a Hearing Officer (at a hearing set for no later than thirty (30) calendar days after the Company receives the Appellant’s Petition to initiate an Appeal) and present evidence and reasons in support of why they believe the Rate Category assigned to their Parcel is inaccurate.

d. Step Three: Complete this Section if Appealing a Hearing Officer's Decision and Requesting a Hearing Before the Board

Customers who have completed a hearing in front of a Hearing Officer and disagree with the decision may follow the procedures in the Company’s Appeal Policy and complete this section (d) to request a hearing in front of the Company’s Board.

By signing and submitting this Petition, I, Appellant, hereby Appeal the Hearing Officer’s decision for the reasons stated in my answers on this form and request a hearing in front of the Company’s Board at its next regular meeting after this Appeal form is received by the Company, unless the Company and I agree to an alternative date. Further, I acknowledge that I have or will submit full payment for the Fees stated on the Bill in dispute by the due date pursuant to the Appeal Policy, that I have reviewed and understand the procedures for appealing a decision to the Company’s Board, and that I understand the Board’s decision will be final and binding with respect to the specific Bill and Disputed Rate at issue in this Appeal.

I declare under penalty of perjury that all written statements made by me in this form are, to the best of my knowledge, true and correct as of the date next to my signature below.

Date of Petition for Appeal to Board: ___________________________ Signature: _______________________________________