



## Appeals Form

This form is used to seek review of actions (or inactions) of the East Bay Municipal Utility District (EBMUD) in connection with the Regional Private Sewer Lateral (PSL) Ordinance or a requirement thereof, as follows:

- 1) You may use this form at any time to request an extension of time or other temporary relief from a deadline or other requirement that you believe is impossible, infeasible, or unreasonably burdensome.
- 2) You may appeal a decision, action, or determination made by EBMUD within 30 calendar days of the decision, action, or determination.
- 3) If you submit a written request for the District to take any action, and the District denies that request, you may appeal within 30 days of the denial. If you submit a written request for the District to take any action and the District does not respond, you may submit an appeal within 60 days of your request.

The complete requirements pertaining to appeals are described in Section 14 of the Regional Ordinance (<http://www.eastbaypsl.com>). Failure to provide a completed form and accompanying documents may delay or preclude consideration of your appeal. Requests are reviewed on a case by case basis, and additional supporting documentation may be required.

Note:

- If you are seeking an extension of time and are eligible to obtain a Time Extension Certificate (TEC) you must do so and submit the required refundable deposit prior to submitting this form.
- EBMUD may deny the appeal, or grant the appeal with or without conditions, including entering into a Compliance Agreement, which may require a work schedule and/or a monetary deposit.
- If you enter into a Compliance Agreement, a fee will be due prior to issuance of your Compliance Certificate. See current fee schedule at <http://www.eastbaypsl.com>
- Decisions will be mailed to the Property Owner.
- If this appeal is denied, you will have a limited time to request reconsideration as provided in Section 14 of the Regional Ordinance.

### Required Information (both sides)

#### 1. Property and Property Owner Information

- Property Owner Name: \_\_\_\_\_
- Property Owner Email: \_\_\_\_\_ Phone number: \_\_\_\_\_
- Parcel Address: \_\_\_\_\_ City: \_\_\_\_\_
- Parcel Number: \_\_\_\_\_
- Contact Name: \_\_\_\_\_
- Contact Mailing Address: \_\_\_\_\_
- Contact Email and Phone number: \_\_\_\_\_

#### 2. Are you requesting an extension of time or other relief from a deadline?

- Yes, if Yes, enter date you believe parcel will be compliant (MM/DD/YY) \_\_\_\_\_ Go to Question No. 4
- No Go to Question No. 3

#### 3. Are you appealing a decision made by EBMUD or inaction?

- Nature of the Decision (or inaction): \_\_\_\_\_
- Date of Decision (or inaction) by EBMUD: \_\_\_\_\_

**4. Have you obtained a Time Extension Certificate (if eligible)?**

Yes, TEC Number: \_\_\_\_\_ TEC Expiration Date: \_\_\_\_\_

No

**5. Please explain the reasons for your appeal.**

Include a brief statement with the relevant facts, such as the decision or inaction you are appealing and/or the requirement you are seeking relief from and why you believe it is impossible, unreasonable or overly burdensome to comply. Please attach additional pages, as necessary.

---

**6. Please describe your specific request:**

---

**7. Please enclose *any* relevant documentation that supports this request.**

*Declaration: I declare under penalty of perjury under the laws of the State of California that this document and all attachments are true and correct. I make this declaration based on my personal knowledge or based upon my inquiry of persons who have such personal knowledge.*

Property Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

---

**8. Construction or Remodel Trigger Appeals ONLY**

Permit Number(s) from your EBMUD PSL Enforcement Notice:

---

**Monetary deposit information:**

Please provide refund recipient information below in the event that this appeal is approved and a Compliance Agreement with a monetary deposit is required as a condition. The refundable deposit will be mailed to the recipient below once compliance is obtained. Print clearly.

Refund Recipient Name: \_\_\_\_\_

Recipient Mailing Address: \_\_\_\_\_

Appeal Forms and supporting documentation may be submitted by email, fax, mail, or delivered to:

Regional Private Sewer Lateral Program  
375 11<sup>th</sup> Street, MS 702  
Oakland, CA 94607  
Email: [psl@ebmud.com](mailto:psl@ebmud.com); Fax (510) 287-1530

If you have questions, please visit [www.eastbaypsl.com](http://www.eastbaypsl.com) or call (510) 287-1599.