

OLIVEHURST PUBLIC UTILITY DISTRICT

Request for Consideration of Billing Issues by the Board of Directors



Account Holder: [REDACTED]

Account #: 00000000 441-00

Service Address: 1778 7th Ave

Check the appropriate box(s) and specify which fees you are requesting the Board to waive:

- Account Deposit Amount: \$ 624.95
- Reminder Notice Fee Amount: \$ _____
- 48 Hour Notice Fee Amount: \$ _____
- Penalty Amount: \$ _____
- Delinquency Fee Amount: \$ _____
- Drought Surcharge Amount: \$ _____

- Total: \$ _____

Justifying Information to Support Your Request: Respectfully Requesting the board reduce my monthly bill due to under ground leaks and inclement weather making leak detection incredibly difficult to locate.

By signing below, you acknowledge that should your request for waiver of all or part of the fees listed above be approved, you recognize that this precludes you from requesting another fee waiver within 12 months of the date below.

Signed: [REDACTED]

Date: 2-8-2023

Account Holder Contact Information:
In case you are unable to attend the Board Meeting, please provide with your preferred method for us to contact you regarding the Board's decision.

Email Address: N/A

Phone Number: [REDACTED]

US Mail (provide mailing address): 1778 7th Ave Olivehurst, CA. 95961

Notice: This request may be considered at a public Board Meeting. This document may become a part of the Board meeting agenda which is accessible to the public by request or via the District website.

OLIVEHURST PUBLIC UTILITY DISTRICT

Request for Consideration of Billing Issues by the Board of Directors



Account Holder: [REDACTED]

Account #: 0000102487

Service Address: 2051 Haskins Way Plumas Lake, CA 95961

Check the appropriate box(s) and specify which fees you are requesting the Board to waive:

- Account Deposit Amount: \$ _____
 - Reminder Notice Fee Amount: \$ 75.00
 - 48 Hour Notice Fee Amount: \$ _____
 - Penalty Amount: \$ 4.49
 - Delinquency Fee Amount: \$ _____
 - Drought Surcharge Amount: \$ _____
- Total: \$ _____

Justifying Information to Support Your Request:

Can you please waive the

\$ 75.00 and \$ 4.49.

I am new in this area. I did not know the process.

Please waive these two fee. I really appreciate that.

By signing below, you acknowledge that should your request for waiver of all or part of the fees listed above be approved, you recognize that this precludes you from requesting another fee waiver within 12 months of the date below.

Signed: [REDACTED]

Date: 02-06-2023

Account Holder Contact Information:

In case you are unable to attend the Board Meeting, please provide with your preferred method for us to contact you regarding the Board's decision.

Email Address: [REDACTED]

Phone Number: [REDACTED]

US Mail (provide mailing address):

[REDACTED] CA 95961