

PROPOSITION 218 PROTEST FORM

By signing the form below, I protest the proposed (water/wastewater) rate increases and affirm under penalty of law that I am the owner, authorized representative of the owner, or tenant of the below parcel.

Address of parcel receiving service: _____

City, State, Zip Code: _____

Submitted By

Print Owner or Tenant Name: _____

If the above is not an individual(s), e.g. an LLC, Trust, Corporation, etc.

Print Authorized Signatory: _____

Signature: _____

Date: _____

Electronic signatures will not be accepted