



# Administrative Hearing & Appeal

Title 6 Chapter 12 - Water Conservation  
San Juan Capistrano Municipal Code

For City Staff Use: Please stamp date received, and initial here:
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## Sec. 6-12.08. Violations, Notices, and Remedies. Excessive Water Use – Drought Limit Penalty

**Appellant:**

(Please print clearly)

Last Name	First Name
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**Service Address:**

Service Address (Do NOT use a P.O. Box)	Apartment #	City	ZIP Code
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**Mailing Address:**

(if different than the above address)

Mailing Address	Apartment #	City	State	ZIP Code
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**Contact Phone(s):**

( )	Day	( )	Evening	<b>Email:</b>
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**Date of Water Bill Notice of Violation:** \_\_\_\_\_ **Account:** \_\_\_\_\_

You have been issued a penalty for the violation of the City’s Water Shortage Contingency Measures, established pursuant to City of San Juan Capistrano Municipal Code, Title 6, Chapter 12. A copy of the City’s Municipal Code can be found at [www.sanjuancapistrano.org](http://www.sanjuancapistrano.org). If you wish to appeal the penalty, please use the space below to explain why you believe the penalty should not be imposed. **Note:** This form must be submitted to the City or post-marked **within 15 calendar days** of the date of the water bill for the billing cycle in which the penalty was imposed. Payment of the entire amount of the fine is required or the request for an administrative hearing shall be rendered incomplete and untimely. Please include any photos or other evidence supporting your appeal. The appeal must be signed and dated by the appellant/account holder. Incomplete or unreadable appeals will be denied. Appeals will be evaluated and denied or approved within 45 business days of receipt of the appeal. Denied appeals may also request an administrative hearing to be held within 45 business days of the City’s receipt of your request for an administrative hearing. You will be notified by the City of the date, time, and location of the hearing.

- Health or safety (please explain below – Certifiable Documentation Required)
- Water leak (please attach evidence of repair- Certifiable Documentation Required)
- Billing Error (please explain below)
- Other (please describe below- Certifiable Documentation Required.)

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*I certify under penalty of perjury that all the information I have provided for this appeal is truthful and correct. I understand that all the information I have provided is subject to verification by the City and may require an inspection by the City of the exterior of my premises. I acknowledge that the City reserves the right to deny this appeal and demand payment of the penalties imposed if this appeal is denied or if it is determined that any information provided is inaccurate or false.*

**Appellant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail or deliver** your completed application to: City of San Juan Capistrano  
32400 Paseo Adelanto  
San Juan Capistrano, CA 92675  
Attn: Water Conservation

**Or email** a scanned, signed application to: [sjconserve@sanjuancapistrano.org](mailto:sjconserve@sanjuancapistrano.org)

Appeal Granted

**Reasons for Grant of Appeal:**

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Appeal Conditionally Granted

**Reasons for Approval and Conditions of Approval:**

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Appeal Denied

**Reasons for Denial:**

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**For District Use Only**

Hearing Officer: \_\_\_\_\_ Date: \_\_\_\_\_

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