

NOTICE OF INTENT TO APPEAR FORM

(Name of Participant or Party) Sandra Jean Varozza *does not plan* ~~plans~~ to participate in the water right hearing regarding the (Name of Respondent and Enforcement Action)

Scheduled to commence on ONE of the following dates:

- February 7, 2019 February 8, 2019
- March 11, 2019 March 12, 2019

1) Check only one of the following boxes:

- Option 1:** I/we intend to present a policy statement only and, therefore, to not participate as a party.
- Option 2:** I/we intend to participate as a party by presenting any of the following: an opening statement, direct testimony, cross-examination, and/or rebuttal.

2) If you selected Option 2 above and intend to provide direct testimony, complete the witness table below. If not, skip to instruction #3 below.

Witness Name	Expert Witness?		Subject of Proposed Testimony	Estimated Length of Oral Direct Testimony (minutes)
	Yes	No		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

(If more space is required, please add additional pages.)

3) Fill in the following information of the participant, party, attorney, or other representative:

Name (type or print): _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Optional: *I am not appearing because I signed your waiver and sent as money order #500 (Copy attached)*

Signature: Sandra Jean Varozza Date: 1-15-2019

Mr. John Prager Attn has copies!

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> Date of Delivery</p>
<p>1. Article Addressed to:</p> <p><i>State Water Resource CB Dept of Water Rights Attn: Enforcement Unit Ft of 1001 I Street, 14th Floor Sacramento, CA 95814</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below</p> <p><i>CALEPA MAILROOM ROYAL OAKS JAN 14 2019</i></p> <p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Required</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <p><i>7018 036000095749447</i></p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

received by Water Board

UNITED STATES POSTAL SERVICE		POSTAL MONEY ORDER	
Serial Number	Year, Month, Day	Post Office	U.S. Dollars and Cents
25444112130	2019-01-10	956820	\$500.00
Pay to <i>State Water Resources Control Board</i>		Amount Five Hundred Dollars and 00/100 *****	
Address <i>1001 I Street Sacramento, CA 95814</i>	From <i>Sandra Jean Varozza Address 7661 S. Shingle Rd Shingle Sprng, CA 95682</i>		
Memo <i>5011303</i>	SEE REVERSE WARNING • NEGOTIABLE ONLY IN THE U.S. AND POSSESSIONS		

00000800 21

25444112130

4. This Acceptance and Waiver is not final and effective until it is approved by the Executive Director of the State Water Board.
5. Failure to complete all three steps to accept the Conditional Offer within 20 days of receipt of the ACL Complaint, shall render the Conditional Offer voidable. In such case, the State Water Board will issue a final ACL order for the full Proposed Liability amount (\$1,500) specified in the ACL Complaint.

I hereby affirm that I am duly authorized to act on behalf of and to bind Diverter in the making and giving of this Acceptance and Waiver.

By: Sandra Jean Varozza
(Signed Name)

1-9-2019
(Date)

Sandra Jean Varozza #S011303
(Printed or typed name)

Owner
(Title)

(Relationship to Diverter if not Diverter)

Approved By: _____
Eileen Sobek
Executive Director

(Date)