

AMB

HEARING REQUEST FORM

To request a hearing YOU MUST complete all applicable parts of this form, and submit the form through mail or email. If you do not wish to request a hearing, you do not need to complete this form.

Submit by Email:	whearing@waterboards.ca.gov With Subject of "2016-2017 Failure to File Hearing Request"
Submit by Mail:	State Water Resources Control Board Division of Water Rights Attention: Michael Buckman, Hearings Unit Supervisor PO Box 2000, Sacramento, CA 95812-2000

PART 1: Please check the following box if you wish to request a hearing.

I/we hereby request a hearing regarding the proposed enforcement action against
[Name of Respondent] LEWIS EVANS 5010138 559 308 3117

PART 2A: Please check all dates for which you are available. For the dates you are not available, please describe the nature of the conflict(s) in the space provided.

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

I will be unavailable for the dates left unchecked, because _____

PART 2B: If you have a conflict with all tentative hearing dates listed above, State Water Board staff will attempt to reschedule your hearing within 30 days of March 12, 2019. Please list all additional dates below that you will be unavailable during those following 30 days and the reason(s). You will be notified of the time and place of your hearing at least 10 days prior to the rescheduled hearing date. Please note that all currently scheduled submittal deadlines remain in effect for any rescheduled hearing dates unless you are notified otherwise. If you require additional space, please attach a separate sheet to this form. If you have questions, please contact Michael Buckman, Hearings Unit Chief, at (916) 341-5448 or Michael.Buckman@waterboards.ca.gov.

Upon receiving this form, State Water Board staff will provide you with a hearing notice that either confirms your tentatively scheduled hearing date and time or provides an alternative date and time.

12/11/18

SWRCB - DWR
'18 DEC 14 AM 10:28

Mr Buckman

Please find enclosed Access Request Form

My E mail is ~~LEWIS~~ I. Eusnskd@gmail.com

phone 559 308 3117

Address

PO 52

Dunlop CA 93621

Thank you