

FROM: MARKLEEVILLE WATER COMPANY
PO BOX 131
MARKLEEVILLE, CA 96120
(530) 694-1879

TO:

**10-DAY NOTICE OF TERMINATION OF WATER SERVICE FOR
NON-PAYMENT OF SERVICE FEE**

Date of Delivery of this Notice: _____, 2017

Date this Notice is effective: _____, 2017

DATE WATER WILL BE TURNED OFF(10 days after this Notice is effective): _____, 2017

OR ANY BUSINESS DAY THEREAFTER. There will be a second attempt to contact you, and a notice will be posted at the premises, at least 24 hours before the shutoff.

Due to this notice being posted to achieve payment for past due delinquency, the delinquent amount must be paid in form of a CASHIER'S CHECK ONLY! Payment must be sent through the USPS and arrive on or before the due date.

Assessor's Parcel Number: _____

Street Address of this Parcel: _____

Markleeville, CA. 96120

The amount owed is \$_____ . If paid on or before the 10 days, the above amount will bring your account current to [date here _____.]

(If a lien has been placed on this parcel, the Release Fee is collected in advance.)

If water is turned off, a Restoration Charge of \$400.00 must be paid in advance in form of a **cashier's check** and must be sent through the USPS to P.O. Box 131, to restore water service.

It is a misdemeanor to turn on or to disturb the Water Company service connection in any way.

*Markleeville Water Company Business hours are
Monday-Friday from 9:00am-5:00pm.*

TO AVOID OR DELAY TERMINATION OF SERVICE, YOU MUST DO ONE OF THE FOLLOWING:

1. Mail the full Amount above in the form of a **cashier's check** so that it is **received** by the Water Company at its mailing address on or before the Turnoff Date.
2. Provide (a) written certification from a licensed physician that terminating water service will threaten the life of a full-time resident on the parcel **and** (b) certify in a letter to the Water Company that the member is financially unable to pay for service within the normal payment period **and** (c) enter into the Amortization Agreement offered above. This documentation and initial payment must be **received** by the Water Company at its mailing address on or before the Turnoff Date.
3. Initiate a complaint or request an investigation concerning services or charges in the form of a concise letter to the Board of Directors of the Markleeville Water Company. In order to halt the Termination of Service, any such complaint or request shall be relevant and supported by full documentation. Complaints or requests deemed by the Board to be irrelevant, frivolous, or inadequately supported may be rejected and the termination reinstated. This documentation must be **received** by the Water Company at its mailing address on or before the Turnoff Date.

NOTES:

- A. This Notice applies to this Parcel only, and not to other Parcels that may be owned by this member. A separate Notice of Termination is sent for each Parcel for which payment of the service fee may be similarly delinquent.
- B. If you represent a member of the Markleeville Water Company that is an entity other than an individual or a family, that is, a corporation, institution, government entity, etc., you must be a principal officer (if a company or corporation), proprietor, partner, Director (if a public District) or at the minimum level of Department Head (if a Government body) to represent your entity for options 2, 3 or 4 above.
- C. Other than the Amortization Agreement, the Markleeville Water Company does not offer financial assistance to its members. For possible access and referrals to other sources of financial assistance, contact the Alpine County Health and Human Services Department at 530-694-2146.
- D. The Markleeville Water Company does not maintain a physical business office, nor is its staff or Board of Directors able to maintain regular office hours. If you have questions about service, billing, or need other information, you may leave a message at 530-694-2924 or 694-2360 or 694-1045, and your concern will be handled as quickly as possible

CC: Alpine County Public Health Department