



# SLOUGHHOUSE

## Resource Conservation District

HERALD | SLOUGHHOUSE | WILTON

Sloughhouse Resource Conservation District  
Groundwater Sustainability Fee – Appeals Form  
*~This form is also available online at [SloughhouseRCD.org](http://SloughhouseRCD.org)~*

Should a Person wish to contest the projected amount of groundwater extraction on which the Fee is assessed, the Person shall first be required to pay the Fee as charged. Within thirty (30) days following payment of the Fee, the Person may file an appeal with the Sloughhouse Resource Conservation District, via this form, setting forth the basis upon which the appeal is made. The appeal will be considered timely filed if, within the time allowed, 1) the form is postmarked, United States first class mail, 2) delivered to the District Manager by electronic mail, or 3) personally delivered to the District Manager.

Within thirty (30) days of filing the appeal, the District Manager shall contact the Person to discuss the basis of the appeal. After contacting the Person, a determination will be made within fifteen (15) days. If the Person who filed the appeal is dissatisfied with the determination of the District Manager, the Person may file an appeal to the Board within thirty (30) days of delivery of the determination. The appeal will then be placed on the agenda for the next available Sloughhouse Resource Conservation District Board of Directors. The Board shall receive evidence, and hear from the appellant and staff regarding the merits of the appeal. The Board is authorized to grant the appeal, in whole or in part, or deny the appeal.

More information regarding the groundwater sustainability fee, including the methodology used to verify appeals, can be found at [SloughhouseRCD.org/GroundwaterFee](http://SloughhouseRCD.org/GroundwaterFee).

Contact: Brittany Friedman, District Manager  
916.526.5447 - [info@SloughhouseRCD.org](mailto:info@SloughhouseRCD.org)



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### **Parcel Information**

Bill Number: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Parcel Owner Name: \_\_\_\_\_

Fee Billed Amount: \_\_\_\_\_

Corrected Irrigated Acreage\*: \_\_\_\_\_

Grounds for Appeal\*:  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Irrigated acreage should reflect acres irrigated by groundwater only (water originally extracted from a groundwater well). Please provide any relevant proof supporting the correction of the data. SRCD staff will contact you with any questions regarding the information you have provided. Adjustments to your fee are subject to verification.

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

By signing this form, you agree that the information you provided is accurate.

\_\_\_\_\_  
Parcel Owner Signature

\_\_\_\_\_  
Date