Request to Withhold Information Regarding Cease and Desist Order
This document may become part of the public record.

Name (required):

e-mail Address (optional, but allows us to contact you more quickly):

Fax Number (optional, but allows us to contact you more quickly):

Telephone Number (optional, but allows us to contact you more quickly):

Cease and Desist Order Number (required): R3-2006-_____

Check one:

_____ I do not object to disclosure of my name, mailing address, residence address or assessor's parcel number (APN).

_____ I object to disclosure of my name, mailing address, residence address or assessor's parcel number (APN). You MUST provide the following information:

1. Which information do you object to disclosing (check all that apply):
___ Name
___ Residence Address
___ Mailing Address
___ APN

2. Describe your reasons for not wanting this information disclosed (for example, you are a peace officer or you have a specific reason to fear for your safety if this information is disclosed). If applicable, explain why you request withholding of all of the information, rather than some of it (for example, why you object to disclosure of APN without name or name without address):

I declare under penalty of perjury that the foregoing is true and correct, and that all information I verbally provided or will provide to the Water Board on this matter is true and correct, and that I signed this document on _____, 2006, at _____, California.

_____ _____
Name Printed Signature