

Example 1: Water Right Fee Bill

Board of Equalization Account # (This number should be included with a check payable to the Board of Equalization.)

BOE-1210-WR (S17) (12-03)

STATE WATER RESOURCES CONTROL BOARD
DIVISION OF WATER RIGHTS
PO BOX 2000, SACRAMENTO, CA 95812-2000
916-341-5128

FILE COPY

BOARD USE ONLY

EFFECTIVE DATE OF PAYMENT

Seq. No. 1

ACCOUNT NUMBER

DATE: January 08 2004

WRF: ADVRO1 6804 NR MT

NOTICE OF DETERMINATION

YOU ARE HEREBY NOTIFIED OF AN AMOUNT DUE FROM YOU AS SHOWN BELOW.

App. No. AO

WATER RIGHTS FEE	AMOUNT	INTEREST	PENALTY	TOTAL
AS DETERMINED FOR THE PERIOD 07/01/03 - 06/30/04				
TOTAL				

XXXXXXXXXXXXXXXXX PAY THIS AMOUNT

ADDITIONAL INTEREST OF \$ _____ ACCRUES ON THE AMOUNT OF _____ AT THE RATE OF _____ PER MONTH AFTER 02/07/04.

ADDITIONAL PENALTY OF \$ _____ IS DUE IF NOT PAID BY 02/07/04.

THE ABOVE ASSESSMENT IS BASED UPON AMOUNTS DUE FOR THE ANNUAL FEE ON A WATER RIGHT PERMIT OR LICENSE AS REQUIRED UNDER CALIFORNIA CODE OF REGULATIONS, TITLE 23, SECTION 1866.

INFORMATION CONCERNING DETERMINATIONS

ANY PERSON AGAINST WHOM A DETERMINATION IS MADE OR ANY PERSON DIRECTLY INTERESTED MAY PETITION FOR REDETERMINATION WITH THE BOARD OF EQUALIZATION WITHIN 30 DAYS FROM THE DATE SHOWN AT THE TOP OF THIS NOTICE.

A PETITION MUST BE IN WRITING AND STATE THE SPECIFIC GROUNDS UPON WHICH IT IS FOUNDED. ANYONE FILING A PETITION SHOULD BE PREPARED TO SUBMIT DOCUMENTARY EVIDENCE TO SUPPORT THE SPECIFIC GROUNDS UPON REQUEST.

IF A HEARING IS DESIRED, IT SHOULD BE REQUESTED IN THE PETITION. THE REQUEST SHOULD SPECIFY WHETHER AN APPEALS CONFERENCE WITH A STAFF COUNSEL OR SUPERVISING TAX AUDITOR AT THE NEAREST DISTRICT OFFICE OR A HEARING BEFORE THE BOARD IN SACRAMENTO IS DESIRED. A 10 DAY NOTICE OF THE TIME AND PLACE OF HEARING WILL BE GIVEN.

THE FILING OF A PETITION WILL NOT PREVENT THE ACCRUAL OF INTEREST. THE APPLICATION OF ADDITIONAL PENALTY REFERRED TO ABOVE SHOULD BE DEFERRED UNTIL 30 DAYS AFTER THE DATE OF A NOTICE OF REDETERMINATION. PROMPT PAYMENT OF UNDISPUTED PORTIONS OF THE LIABILITY SHOULD BE MADE. THIS WILL

XXXXXXXXX CONTINUED ON BACK XXXXXXX

IF THERE IS A BALANCE DUE, MAKE CHECK OR MONEY ORDER PAYABLE TO THE STATE BOARD OF EQUALIZATION. Always write your account number on your check or money order. Make a copy of this document for your records.

Please pay amount shown here.

This identifies the Fiscal Year (July 1 - June 30)

Please note additional penalty and DUE DATE.

Information on contesting the bill.

The original billing provided incorrect information in this section. A letter dated January 14, 2004 from Board of Equalization was mailed with new instructions.

(see Example 2)

This is the Water Right Identification number. If the billing is for a specific permit or license water right; the App ID begins with; **AO**

If the billing is for a FERC Certification the Appl ID begins with; **FERC** _____

If the billing is for the United States Bureau of Reclamation costs that have been passed to its contractors, the App ID begins with; **USBR** _____

All checks should be made out to Board of Equalization and mailed in the envelope provided.

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NR MT	AMOUNT	INTEREST	PENALTY	TOTAL

PREVENT ACCRUAL OF ADDITIONAL INTEREST THEREON AND WILL NOT IN ANY WAY AFFECT THE PROTESTED PORTIONS.

IF THERE IS AN AMOUNT DUE SHOWN ABOVE, PLEASE USE THE ENCLOSED ENVELOPE TO SEND IN YOUR PAYMENT.

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