NOTICE OF INTENT TO APPEAR FORM

SEAVER 1.	PAGE plans to participate in the w	َن ater right hearing re	egarding the
Administrative Civil Liability Complaint for Failure to File an Annual Water Use Report			
upon Deridere Aper Vinea, L.P. scheduled to commence on February 13, 2017			
1) Check only one (1) of the following two boxes: I/we intend to participate by cross-examination or rebuttal only. (Includes opening statement.) I/we plan to call the following witnesses to testify at the hearing: (Includes opening statement, cross-examination, and rebuttal.) (At least one (1) row of Table below must be fully completed if this box is checked.)			
NAME	SUBJECT OF PROPOSED TESTIMONY	ESTIMATED LENGTH OF DIRECT TESTIMONY	EXPERT WITNESS (YES/NO)
(If more space is requir	ed, please add additional pages.)		
2) Fill in the following information of the Participant, Party, Attorney, or Other Representative:			
Name (Type or Print): _ Mailing Address: 5	SEAVER I. PAGE 577 MAACAMA K URB, CALIFORNIA	DGE ROX	4 <i>D</i>
Phone Number: 707	7 431 8929 Fax Number	:	
E-mail Address: 57 PAGE @ RVIS PMAIL. COM			
Optional: I/we decline electronic service of hearing-related materials. Signature:			