



WATER SHUT-OFF HEARING REQUEST

Sanitation Department
1240 North Boo Road • Burns Harbor, IN 46304
P 219-787-1165 • F 219-787-1353
sanitationclerk@burnsharbor-in.gov • www.burnsharbor-in.gov



A hearing must be requested in writing or in person at the Burns Harbor Town Hall, 1240 N. Boo Road., Burns Harbor, IN 46304, or by calling the Sanitation Clerk at 787-1165. Your request must be received no later than 12:00 p.m. two (2) business days prior to the shutoff date. In the event that you fail to request a hearing, you will be deemed to have waived your right to a hearing and your right to contest the water shutoff. If you request a hearing, you will be notified of the date, time and location of the hearing. At the hearing, you will have the right to present evidence or witnesses, be represented by council, and to cross-examine witnesses.

Name: _____ Date: _____ Time: _____

Address: _____

Phone: _____ Email: _____

Sanitation Account Number: _____ Date water is scheduled to be shut off: _____

Reason water shut-off is contested: _____

Signature of Appellant

Printed Name of Appellant

Date

— THIS BOX FOR OFFICE USE ONLY —

Total due: _____ as of _____ Number of days past due: _____

Scheduled shut off date: _____ Date of shut off warning: _____

Last payment received: _____ on _____

Hearing scheduled: _____ a.m. / p.m. on _____

Signature of Personnel Member accepting form

Date

Time

FINDINGS AND DECISIONS

Public Hearing held the _____ day of _____, 20____.

Board Comments: _____

Reason(s) for Decision: _____

THE BURNS HARBOR SANITARY BOARD NOW DECIDES:

Dated this _____ day of _____, 20____.

| | | |
|--|---|--|
| _____ Sanitary Board President Signature | _____ Sanitary Board President Printed Name | Voted YES <input type="checkbox"/> NO <input type="checkbox"/> |
| _____ Sanitary Board Vice President Signature | _____ Sanitary Board Vice President Printed Name | Voted YES <input type="checkbox"/> NO <input type="checkbox"/> |
| _____ Sanitary Board Member Signature | _____ Sanitary Board Member Printed Name | Voted YES <input type="checkbox"/> NO <input type="checkbox"/> |
| _____ Sanitary Board Member Signature | _____ Sanitary Board Member Printed Name | Voted YES <input type="checkbox"/> NO <input type="checkbox"/> |
| _____ Sanitary Board Member Signature | _____ Sanitary Board Member Printed Name | Voted YES <input type="checkbox"/> NO <input type="checkbox"/> |