



# 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"/>