**BEFORE THE PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA**

|  |  |
| --- | --- |
| **Appeal of [Utility Name] [Utility ID] from Citation No. [Citation Number] in the amount of [Fine Amount] issued [Citation Issuance Date], by the Communications Division Pursuant to T-17601** | (Leave blank for CPUC use.) |

**NOTICE OF APPEAL**

[Utility Name] [Utility ID] files this Notice of Appeal from Citation No. [Citation Number] in the amount of [Fine Amount] issued on [Citation Issuance Date], by the Communications Division Pursuant to Resolution T-17601.

The rationale for the appeal is as follows: [Provide statement. Add pages as required.]

Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, California.

Signature

Name

Title

Mailing Address

Telephone

Email

Attachments

[list of attachments, if applicable]

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**PRIVACY NOTICE**

This message is to inform you that the Docket Office of the California Public Utilities Commission (CPUC) intends to file the above referenced Notice of Appeal electronically instead of in paper form as it was submitted.

Please note: Whether or not your Notice of Appeal is filed in paper form or electronically, Notices of Appeal filed with the CPUC become a public record and may be posted on the CPUC’s website. Therefore, any information you provide in the Notice of Appeal, including but not limited to, your name, address, city, state, zip code, telephone number, email address and the rationale for your Notice of Appeal may be available on-line for later public viewing.

Having been so advised, the Undersigned hereby consents to the filing of the referenced Notice of Appeal.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (same as person authorized to sign the Notice of Appeal) Date

Name

Title

Mailing Address

Telephone

Email

**BEFORE THE PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA**

|  |  |
| --- | --- |
| **Appeal of [Utility Name] [Utility ID] from Citation No. [Citation Number] in the amount of [Fine Amount] issued [Citation Issuance Date], by the Communications Division Pursuant to T-17601** | (Leave blank for CPUC use.) |

**CERTIFICATE OF SERVICE**

***(Note: When filing by electronic copy, the Certificate of Service and Notice of Appeal must be filed as separate documents.)***

I certify that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I have by mail this day served a true copy of the original attached Notice of Appeal to the following individuals of CPUC, with office address at 505 Van Ness Avenue, San Francisco, CA 94102.

**Docket Office**

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**ALJ Division Appeals Coordinator**

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(Insert additional names, addresses and emails of anyone else required to be served by the Citation Program you are cited under):

Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, California.

Signature

Name

Title

Mailing Address

Telephone

Email