NOTICE OF INTENT TO APPEAR

The City and County of San Francisco plans to participate in the water right hearing regarding (name of party or participant)

Draft Cease and Desist Order Against West Side Irrigation District

The Public Hearing will commence on Thursday, November 12, 2015 and continue, if necessary, on November 13 and 16, 2015 at 9:00 a.m.

NAME SUBJECT OF PROPOSED TES	ESTIMONY ESTIMATED LENGTH OF DIRECT TESTIMONY	EXPERT WITNESS (YES/NO)
(If more space is required, please add additional pag	es or use reverse side.)	1
	ant, Party, Attorney, or O	ther
Representative: Name (Print): <u>Jonathan Knapp</u>	ant, Party, Attorney, or O	ther
Representative: Name (Print): <u>Jonathan Knapp</u> Mailing Address: Office of the City Attorney		ther
Representative: Name (Print): <u>Jonathan Knapp</u> Mailing Address: Office of the City Attorney 1390 Market Street, Suite 418, San Francisco, CA 94		
2) Fill in the following information of the Participa Representative: Name (Print):	102	
Representative: Name (Print):Jonathan Knapp Mailing Address:Office of the City Attorney 1390 Market Street, Suite 418, San Francisco, CA 94 Phone Number:(415)554-4261 E-mail:jonathan.knapp@sfgov.org	102	
Representative: Name (Print):Jonathan Knapp Mailing Address:Office of the City Attorney 1390 Market Street, Suite 418, San Francisco, CA 94 Phone Number:(415)554-4261 E-mail:jonathan.knapp@sfgov.org Optional:	102 Fax Number: <u>(415</u>) 554-8	
Representative: Name (Print):	102 Fax Number: <u>(415</u>) 554-8	