



Stormwater Fee EXEMPTION Appeal Form

Use this Form to appeal a denial of a Stormwater Fee EXEMPTION

Date

Form Number

Applicant Information

Name

Street Address

City

State

Zip

Applicant Email

Applicant Phone Number

Tax Parcel (if known)

Example: 24-001-,001-,0000-

Is the Property Address the same as the Applicant Address?

Appeal Information

Which Form?

Which Application Form are you Appealing?

Reasoning

Supporting Documentation

Upload

Please Upload any supporting documentation

Applicant Signature

Managers Section

Managers Response *

Managers Signature *

Submit