

Petition for Adjustment Form



This form is for use by utility customers to appeal a stormwater utility fee. The form must be submitted within 30 days of the date of the bill. Should the City determine that information is incomplete or missing, the customer will have an additional 15 days from being notified of the determination to supply the missing or incomplete information. If the missing or incomplete information is not provided within the additional 15 days, the petition will be considered withdrawn.

Save this form to your device before submitting it

Return this form and any supporting documentation to: [Fill out form, and hit button to e-mail the form](#)

City of Hagerstown
Stormwater Utility Fee Petition for Adjustment
Engineering Division
One E. Franklin Street, Room 301
Hagerstown, Maryland 21740

Applicant Name: **Date:**

Property Information:

Owner

Street

City, State, ZIP Code

Account Number from Bill:

Reason for the Appeal:

Check the reason for the appeal. Grounds for appeal are limited to the following:

<input type="checkbox"/>	An error was made regarding the square footage of the impervious area attributed to the property.
<input type="checkbox"/>	An error in the identification of the property billed.
<input type="checkbox"/>	An approved credit for a stormwater structure on the property is incorrectly applied.
<input type="checkbox"/>	Eligible for a credit based on existing conditions such as disconnected roof drains, conservation landscaping, rain barrel(s), or lot does not have positive drainage

Narrative:

Use this space to describe the appeal and to provide detail that you believe will be useful to the City in its review. Attach additional information if necessary.

Contact Information:

Email Address

Phone Number

Address (if different from Property Information)

Street

City, State, ZIP Code

Signature _____ **Date** _____

For City Use Only:

Received by: <input type="text"/>	Date: <input type="text"/>
Initial application complete? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, date required information received: <input type="text"/>
Reviewed by: <input type="text"/>	Appeal approved? <input type="checkbox"/> Yes <input type="checkbox"/> No
Initial fee: \$ <input type="text"/>	Adjusted fee: \$ <input type="text"/>
Notes: <input type="text"/>	