

FOR CITY USE ONLY

Appeal ID	Date Received	Call Key



CITY OF PHILADELPHIA
FORM A-1
STORMWATER MANAGEMENT SERVICE CHARGE
REVISED CHARGE ALLOCATION

(Please fill out one application per property)

I. General Information

Date: _____

Property Information:

OPA/BRT Account # (optional): _____

PWD Account #: _____

Property Address: _____

Owner:

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Authorized Representative (if not Owner):

All correspondence pertaining to this application should be communicated to:

Name: _____

Title: _____

Mailing Address: _____

Phone: _____ Email: _____

Send the completed application and supporting documentation to:

Stormwater Billing Program
 Philadelphia Water Department
 1101 Market St., 4th Floor
 Philadelphia, PA 19107

For inquiries, please call 215-685-6244 or email PWD.StormwaterAppeals@phila.gov

