FOR CITY USE ONLY

Appeal ID	Date Received	Call Key

CITY OF PHILADELPHIA
FORM A
STORMWATER MANAGEMENT SERVICE CHARGE ADJUSTMENT APPEALS APPLICATION

(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: _____

II. Reason for Adjustment Appeal Request

Feel free to provide a brief description of what you are appealing in the space below.
Refer to following page for common appeal types.

_____

_____

_____

_____

Send the completed application and supporting documentation to:
SWMS Charge Adjustment Appeals 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

Form continued on following page

II. Reason for Adjustment Appeal Request (*continued)*

Check one or more of the following, and attach supporting documentation as applicable.

☐ **Incorrect Parcel:** Check this box if you do not own the property for which you are being billed.

- ☐ ***Incorrect Mailing Address***
- ☐ ***Property Sale***
- ☐ ***Water Account not Associated with Correct Parcel***
- ☐ ***Other (please describe)***

_____

☐ **Inaccurate Property Classification:** Check this box if your property classification is inaccurate. In the space below indicate the classification that you are requesting. Valid property classification types are: Residential, Non-Residential, and Condominium. Only properties with 4 or fewer dwelling units are considered Residential.

Requested Classification _____

☐ **Inaccurate Gross Area:** Check this box if the total gross area of your property for which you are being billed is inaccurate. In the space below indicate the Gross Area that you are requesting.

Requested Gross Area _____ SF

☐ **Inaccurate Impervious Area:** Check this box if the total impervious area of your property for which you are being billed is inaccurate. In the space below indicate the Impervious Area that you are requesting.

Requested Impervious Area _____ SF

☐ **Residential Sideyard:** Check this box if the property for which you are being billed qualifies as a sideyard to a residential property. In order to qualify, the sideyard must meet the following criteria:

- ☐ ***Adjacent to residence***
- ☐ ***Residential property is owned by same owner as sideyard property***
- ☐ ***Sideyard property is used exclusively for residential purposes***

Details on application requirements and the required supporting documentation are provided in the Stormwater Credits and Adjustment Appeals Manual available at: http://www.phila.gov/water/wu/Stormwater%20Resources/scaa_manual.pdf

III. Owner Certification and Right-of-Entry:

I certify that the information contained in this application is, to the best of my knowledge, correct and represents a complete and accurate statement. I further understand that the SWMS Charge adjustment will be based on the information provided, the adjustment may result in an increase of the SWMS Charge and the City may revoke the adjustment if it later determines the information provided is inaccurate. I hereby grant permission to the City, its authorized agents and employees, to enter the Property upon providing 48 hours written notice and, in any case, at reasonable times and without unreasonable disruption to inspect the Property to ensure that the provided information accurately represents the current Property conditions.

_____ _____

Signature of Owner/Authorized Representative Date

_____

Print Name