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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. Gener	al Information Date:
Property	Information:
OPA/BR	Account # (optional):
PWD Acc	eount #:
Property A	Address:
Owner:	
Name:	
Mailing Address:	
Phone:	Email:
Authoriz	ed Representative (if not Owner):
All corres	pondence 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

II. Request Revised SWMS Charge Allocation

Indicate the account number and the percentage of the total SWMS Charge you wish to apportion per account. Round each percentage to the nearest tenth (e.g. 33.3%). The total must equal 100.0%. If there are more than 20 accounts serving your parcel, please indicate the charge distribution for the additional accounts on a separate sheet.

Account Number	% Charge
. Owner Certification:	
ertify that I am the property owner of the parcel f	for which the revised allocation is being request
te: If an authorized representative is acting on be licating that the representative has the authority to m.	ehalf of the property owner, a letter from the ow
gnature of Owner / Authorized Representative	Date
nt Name	