

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](mailto:PWD.StormwaterAppeals@phila.gov)

