

**ABC WATER AND STORM WATER DISTRICT
STORM WATER UTILITY FEE FORM NO. 1-A-4
PETITION TO APPEAL**

DATE:

COMPLAINANT:

COMPLAINANT'S ADDRESS:

BILLING ACCOUNT NAME:

BILLING ACCOUNT NUMBER:

COUNTY PARCEL NUMBER:

PARCEL ADDRESS:

TYPE OF DEVELOPMENT (Check one) Residential Non-residential

Reason for Appeal (State where a District ruling, interpretation, or order is erroneous and attach a copy of said ruling, interpretation or order from the District, or specify District provision or applicable District resolution, rules and regulations exemption):

(DISTRICT USE ONLY) APPLICATION REVIEWED BY:

DATE:

The Appeal has been reviewed by the District Board of Trustees on
_____ 20___. On this date, The District

approved denied the requested appeal. Comments or conditions:

Fee Reduction (%):