STORMWATER UTILITY FEE APPEAL FORM

Please fill out and return to the City of New Braunfels, c/o Public Works Dept, 424 S. Castell Ave, New Braunfels, Texas 78130.

Owner/Applicant:

Name: ____________________________________________________________

Mailing Address: __________________________________________________________________________

City: ____________________ State: ___________ Zip: __________________

Service Location Information:

Property Address: __________________________________________________ Utility Account No.: __________________

Reason for Appeal: (Check all that apply and attach documents and descriptions as indicated)

☐ Inaccurate Impervious Area Calculation
   Owner shall provide a copy of a survey or site plan created within the past 12 months, indicating area in square feet of all impervious surfaces on the parcel. All measurements are subject to verification by City staff.

☐ Impervious Area Removed from Site
   Owner shall provide a description of the structure or area modified. Please provide a map or site plan if possible.

☐ Incorrect Stormwater Rate
   If the residential property has a rate larger than $6.61 or commercial property has a rate larger than $803.25, the property may be under the wrong classification.

☐ Other

Appeal Description and Documentation:

Describe the conditions as indicated above. Use the space provided to describe the issues and requested resolution. Appeals missing the required information will be returned to the applicant in order to complete. Attach any required documentation (plats, surveys, photos, etc.) or additional pages as needed.

________________________________________________________________________________________

________________________________________________________________________________________

Certification:

I certify that the information contained in this form is, to the best of my knowledge, correct and represents a complete and accurate statement. By signing below, I agree to allow City staff on site to review and verify the above information (if needed).

(Signature) ____________________________________________ (Print Name) ______________________ (Date) __________

CITY OF NEW BRAUNFELS USE ONLY

Date Received: ____________________________ Reviewed by: ____________________________

☐ Approved ☐ Denied ☐ Adjusted ☐ Insufficient Information ☐ Other: _____________________

<table>
<thead>
<tr>
<th>Impervious Area/Lot Size</th>
<th>Before Review</th>
<th>After Review</th>
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<tbody>
<tr>
<td>Fee</td>
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Notes: ____________________________________________________________

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Date sent to Billing: ________________ Date determination sent to Applicant: __________________________