



City of St. Augustine

STORMWATER ADJUSTMENT REQUEST

Public Works Department

Engineering Division
City Hall - 75 King Street
P.O. Box 210
St. Augustine, FL 32085-0210

Phone: (904) 825-1040

Fax: (904) 209-4286

Email: UtilConnect@citystaug.com

This form is to request a stormwater utility fee adjustment in the event that the City's impervious area assessment warrants modification. An impervious area is defined as any surface that does not allow soil infiltration of rainwater to occur, and includes roofs, driveways, decks, patios, sidewalks, and paved areas; or any surface that discharges rainwater to the City's stormwater collection system.

For Utility Billing Account questions, call (904) 825-1037 or email UtilityBilling@citystaug.com to reach the City Customer Service Department.

SW Adjustment Request Form Revised 06-30-2016

(★ **REQUIRED Information**)

[Section 1] POINT OF CONTACT FOR THIS REQUEST (Customer or Property Owner, or Authorized Representative)

★ Applicant's Name: _____ ★ Daytime Phone #: _____

Company or Business Name: _____ Fax #: _____

Your **MAILING** address for return response by **mail**: _____ ★ Email: _____

★ Street or P.O. Box: _____

★ City: _____ ★ State: _____ ★ Zip Code: _____

[Section 2] PROPERTY AND UTILITY ACCOUNT INFORMATION

★ Property Street Address: _____ Floor or Unit # (if applicable): _____

★ City Utility Account #: _____ ★ Customer Name: _____

★ Current Monthly Stormwater Utility Fee: \$ _____ ★ Property Owner Name: _____

[Section 3] DESCRIBE REASON FOR YOUR REQUEST (Attach additional information as needed)

Responses will typically be generated within two weeks from date of inquiry. Please allow time for this process.

By submitting this form, Applicant hereby states that the information provided is true and correct to the best of Applicant's knowledge and belief. Submit this application by mail, fax, email, or in person, to the Public Works contact information listed at the top of the form. Attach additional information as needed. Submitting this application does not guarantee an adjustment will be granted; nor does it commit the applicant to any further action. The City Public Works Department will respond to the person listed as the Applicant. Submitting incomplete or inaccurate information may delay response time.

★ Signature of Applicant: _____ ★ Date: _____

CITY USE ONLY

Adjustment Granted? Yes No Adjusted Stormwater Utility Fee: \$ _____ Adjusted SFU: _____

Reason for Adjustment Determination: _____

Reviewer Name: _____ Reviewer Signature: _____ Review Date: _____