



Form AD-1 Authorized Designee

Request Number

CITY OF CHARLESTON, SOUTH CAROLINA STORMWATER FEE ADJUSTMENT APPEAL REQUEST

Parcel ID: _____ Date: _____

Customer/Property Owner: _____

Service Address: _____

Mailing Address: _____

Owner Email: _____ Owner Phone: _____

Authorized Nominee: _____

Authorized Nominee Email: _____ Authorized Nominee Phone: _____

OWNER and AUTHORIZED DESIGNEE ACKNOWLEDGEMENT:

I grant permission for the authorized designee, stated above, to represent me as owner of the subject parcel for this appeal request.

Signature of Owner

Date

I acknowledge that, as the authorized designee of the property, I am responsible for representing the property owner, in the matter of this appeal of the subject parcel's non-ad valorem stormwater assessment.

Signature of Authorized Nominee

Date

Send the Completed Application and Supporting Documentation To:

Stormwater Utility Financial Account Manager

City of Charleston

2 George St

Suite 2100

Charleston, SC 29401

For inquiries, please email: CityOfChasSWFee@charleston-sc.gov

(NOTE: A separate application form and supporting documentation must be filed for each parcel)