



**Form RR-1 Request for Reconsideration of
Appeal Determination**

Request Number

CITY OF CHARLESTON, SOUTH CAROLINA

STORMWATER FEE ADJUSTMENT RECONSIDERATION REQUEST

Parcel ID: _____ **Date:** _____

Customer/Property Owner: _____

Service Address: _____

Mailing Address: _____

Email: _____ **Phone:** _____

ORIGINAL APPEAL:

☐ Revised Impervious Area

☐ Revised Property Classification

☐ Revised Billing Units

☐ Homestead Exemption Status

Request Number from Form N-1

REASON FOR REQUESTING RECONSIDERATION (Attach additional pages as necessary):

Signature of Owner

Date

