



**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



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**CITY OF CHARLESTON, SOUTH CAROLINA**  
**STORMWATER FEE ADJUSTMENT RECONSIDERATION REQUEST**

**FOR CITY USE ONLY (To be completed by City):**

**Application Received By:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

**Application Reviewed By:** \_\_\_\_\_ **Date Reviewed:** \_\_\_\_\_

**Application Status:** Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

**Remarks:**

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**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](mailto:CityOfChasSWFee@charleston-sc.gov)**

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