CITY OF LAKE ELMO
3800 LAVERNE AVE
LAKE ELMO, MN 55042
PHONE: 651-747-3900
FAX: 651-747-3901

STORM WATER FEE APPEAL

Name _____ Telephone No. _____

Street Address _____ Day/Cell Phone No._____

Account No. _____ Property ID No. _____

City Ordinance 53.07 states: If a property owner or person responsible for paying the surface water management fee believes that a particular assigned fee is incorrect, the person may request that the fee be recomputed. Please provide an explanation for your request to have the fee recomputed.

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Please attach sheet or documentation for additional information.

_____ _____

Signature Date

For Office Use Only

	Yes	No	Comment
Administrative Adjustment			_____
Forward to Council			_____
Council Action			_____