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### Appeals Instructions

1. This form is provided to customers who have reduced their Impervious Area coverage or who disagree with the Impervious Area determination by the Authority for their property.
  2. Please fill out all sections on the form, except for the last section marked "For Authority Use Only".
  3. You may attach supporting documentation to the form. Please note that any submitted documentation will not be returned to the customer. Please mail completed form to the Bethlehem Township Municipal Authority at the address of the Bethlehem Township Municipal Building, Attn: Stormwater Management Credit Administrator
  4. An Authority representative will review the Appeal Form within 60 days of receipt of the completed form.
  5. Approved adjustments will be applied to the current stormwater bill and all future billings.
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#### Appeal Information

Impervious Area Estimate (optional): \_\_\_\_\_

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#### Customer Information

Owner's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Parcel ID (if known): \_\_\_\_\_

Please provide a brief description as to why this change is necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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#### FOR AUTHORITY USE ONLY

Date Received: _____	Appeal: <input type="checkbox"/> Granted <input type="checkbox"/> Denied
Date Reviewed: _____	Change to be Made: _____
Date of Application: _____	Reviewer: _____