



STORMWATER APPEAL FOR FEE DETERMINATION

Please complete the information below and provide required additional supporting documentation including, but not limited to:

- Copy of Property Tax Bill for Parcel;
- Copy of paid receipt for property tax bill if seeking reimbursement;
- Written statement explaining the basis for the appeal; and
- Copy of signed combination request form from Lake County Auditor (if applicable)

I/we, the owner(s) of property located at: _____, Gary, IN – Parcel/Tax

Key Number: **45-**_____ hereby appeal the user fee assigned to the above property. This appeal is pursuant to Section VI of **ORDINANCE #8472 OF THE CITY OF GARY, INDIANA ESTABLISHING A STORM WATER UTILITY USER FEE AND ADOPTING STORM WATER SERVICE USER FEE RATES AND POLICIES FOR THE CITY OF GARY, INDIANA** currently in effect.

I/we claim that in our billing for storm water fees the wrong or incorrect property classification code was used that resulted in an increase of the fees. In particular, I/we claim that our property was inaccurately classified as:

Property Class Code:		Description:
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I/we claim in truth that our property should be classified as:

Property Class Code:		Description:
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This appeal is addressed to the Hearing Officers designated by the **Gary Storm Water Management District Board of Directors** for determination of appeals. The person(s) hearing this appeal should consider evidence attached to or with this appeal and pursuant to the City's ordinance issue a written determination as to whether the appeal is granted or denied. If granted, the Hearing Officers may modify the classification and the fee. This determination is to be completed within thirty (30) days of this filing.

I/we are to receive notice of the determination by mail and/or email at the address I/we have provided. I/we understand that we have no more than thirty (30) days after receipt of mailing to appeal the determination to the entire **Gary Storm Water Management District Board of Directors**. This appeal shall provide additional facts, documentation and evidence, in writing, as well as a copy of the original appeal and the determination. The Board shall consider the appeal and rule, or set the appeal for hearing, after a seven (7) day notice. I/we understand that if I/we are still dissatisfied with the classification and fees, I/we have a right to seek judicial review in the Lake Circuit or Superior courts within thirty (30) days.

Petitioner's Name(s):			
Parcel Address:		City, State, Zip	Gary, IN
Mailing Address:		City, State, Zip	
Phone#:		Fax#:	
Tax Key #:	45-	E-mail:	

Date Received By – GSWMD

Owner/Petitioner Signature

Joint Owner/Petitioner Signature