If you wish to use your previously completed “Application for Water Quality Management Fee Adjustment,” please include the application with supporting documentation and initial here: ______

Water Quality Management Fee
Appeals Form (Please Print)

Property Address ________________________________________________________________

Name of Contact ___________________________________ Telephone Number __________

Mailing Address __________________________________________________________________

LEXserv Account Number(s) ______________________________________________________

For what type of property are you requesting an adjustment?

___ Single Family/Duplex/Farm
   You have a Class A property. Please complete the Class A Section below.

___ Commercial/Industrial/Multi-Family/Institutional
   You have a Class B property. Please complete the Class B Section below.

If your property is Class A, check the reason for your request.

___ Farm Parcel with Less Than 500 Square Feet of Impervious Area (Provide details in comment area.)
___ Other (Describe in comment area or with attached documents.)

If your property is Class B, check the reason for your request.

___ Property Line Error (Per Section 3 of the Appeals Policy, attach appropriate evidence.)
___ Impervious Area Calculation Error (Per Section 3 of the Appeals Policy, attach appropriate evidence.)
___ Impervious Area Change (Per Section 3 of the Appeals Policy, attach appropriate evidence.)
___ Other (Describe in comment area or with attached documents.)

What supporting documents have you included? (Documents will not be returned.)

___ Land Survey (See section 3.1 of the Appeals Policy)
___ Deed (See section 3.2 of the Appeals Policy)
___ Demolition Permit (See section 3.3 of the Appeals Policy)
___ Photographs
___ Map
___ Other (Describe in comment area or with attached documents.)

Comments (Use this area, the reverse side or attached documents.) __________________________

________________________________________________________________________________

Signature and Date __________________________________________________________________

Please mail completed form and supporting documentation to:
Division of Water Quality
125 Lisle Industrial Avenue, Suite 180
Lexington, Kentucky  40511
ATTN: WQMF Appeals