
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 Township for their property.
2. Please fill out all sections on the form, except for the last section marked "For Township 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:

Silver Spring Township
8 Flowers Drive, Mechanicsburg, PA 17050
Attn: Stormwater Management Credit Administrator

4. A Township 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): _____

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: _____

FOR TOWNSHIP USE ONLY

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