**CITY OF PEORIA, ILLINOIS**
**PUBLIC WORKS DEPARTMENT**
**STORMWATER UTILITY PROGRAM**

| *City Reference No.* |
|---|
| *Date Received* |
| / / |

## SWU APPEAL FORM

| **Property Owner Information** (Please print or type) | SWU Account #: |
|---|---|
| Name: | |
| Mailing Address<br>Street or PO Box #: | |
| City, State Zip Code: | |
| Telephone: | |
| Email Address: | |
| **Property Information** (Please print or type) | |
| Parcel Address (if different from above) | |
| Residential Property: | ☐ Yes ☐ No |

| **Basis of Appeal** |
|---|
| *Explain the basis of your appeal.*<br>• *Do you believe the measured impervious area of your property is not correct? Please attach photos of the area you are appealing.*<br>• *Has a building or pavement surface been removed or added that is not reflected in your bill? Please attach photos of the area you are appealing.*<br>• *Something else? Please describe your appeal in the following space.* |
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## SWU APPEAL FORM

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| Signature of Owner: | Date: |

**Appeal Submittal Address**

*Submit Forms and supporting documentation to:*
*City of Peoria, Public Works Department*
*3505 N. Dries Lane*
*Peoria, IL 61604*
*ATTN: Stormwater Coordinator*

SWU website: www.peoriagov.org
Email: stormwater@peoriagov.org
Phone: (309) 494-8800

| **City Evaluation of Appeal** | PIN: _____ |
|---|---|
| Is the account in good standing (all bills paid)? | ☐ Yes ☐ No |
| Photos of the area provided? | ☐ Yes ☐ No |
| Is the customer appeal approved? | ☐ Yes ☐ No |
| If yes, what is the effective date of the revised SWU bill? | |
| **Review by:** | **Appeal Approval Date:** |
| If the appeal is denied, inform the applicant in writing (by mail or email) of the reason for the denial. | **Denial Date:** |