



CITY OF NORMAN PUBLIC WORKS DEPARTMENT STORMWATER UTILITY ADMINISTRATIVE APPEALS FORM



Please allow 60-90 business days for review of your request.

Property Owner Information:

Name:	Mailing Address:	
Phone No.:	Email:	City, State & Zip Code:

Property Information:

Parcel No.:	Property Address:
Utility Account No.:	City, State & Zip Code:

Administrative Appeal Requested:

- | | |
|--|---|
| <input type="checkbox"/> Inaccurate parcel area calculation | <input type="checkbox"/> Incorrect property classification |
| <input type="checkbox"/> Review of parcel area measurements/tier assignment | <input type="checkbox"/> Other (describe nature of request below) |
| <input type="checkbox"/> Incorrect living space calculation | _____ |
| <input type="checkbox"/> Incorrect responsible party (for all or part of a parcel) | _____ |

Additional Information:

Appeal Documentation:

- ☐ Location map showing property address and areas to be reviewed
- ☐ Current photos of areas to be reviewed
- ☐ Plat/Survey showing property lines and ownership
- ☐ Other: _____

I certify the information contained in the appeal is, to the best of my knowledge, correct and represents a complete and accurate statement. By signing below, I agree to allow City of Norman staff or inspectors on site to review and verify the above information, if needed.

Applicant's Signature

Date

Please return completed Form to:

Public Works - Stormwater Division, City of Norman, P.O. Box 370, Norman, OK 73070
Email: pwstormwater@normanok.gov