



### 3. Attachment C – Reassessment Application



### Appeal & Reassessment Instructions

1. This form is provided to ELSA stormwater customers who have reduced their Impervious Area (IA) coverage or believe their IA or fee was improperly calculated.
2. Please fill out all sections on the form, except for the last section marked "For ELSA 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 or hand deliver completed form to:

East Lampeter Sewer Authority  
2250 Old Philadelphia Pike Lancaster, PA 17602  
Attn: Stormwater Credit Administrator

4. An ELSA representative will review the Stormwater Appeal and Reassessment Form within 60 days of receipt of the completed form.
5. Approved adjustments will be applied to the current stormwater bill and future billings, as deemed appropriate.

### Attached Documents

The following documentation must be submitted for an appeal and reassessment application to be reviewed

1. Completed and signed Appeal and Reassessment Application Form.
2. Provide \$50 application fee, for reassessments, only.

### Appeal Information

Select the revision(s) being requested (check applicable boxes):

**Improper Calculation Of Impervious Area.** If claimed, specify what you believe the calculation should be and indicate specifically how you arrived at your calculation:

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**Mathematical error in calculation of fees.** If claimed, specify how you believe the fee was calculated in error.

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**Incorrect identification of owner of parcel.** If claimed, specify on what basis you claim the property owner has been incorrectly identified.

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**Incorrect application of a credit under ELSA Credit Policy.** If claimed, specify what credit policy you are contesting and specifically outline why you believe the credit has been applied in error.

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**Impervious Area on Property has been reduced by the Property Owner.** Provide a brief description of why the reassessment is necessary. Include \$50 reassessment fee.

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Reassessment IA Estimate: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Customer Information

Owner's Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Account Number: \_\_\_\_\_

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**FOR ELSA USE ONLY**

Date Received: _____	Credit(s):    0 Granted    0 Denied
Date Reviewed: _____	Reviewer: _____