



TOWN OF SHREWSBURY
100 MAPLE AVENUE
SHREWSBURY, MASSACHUSETTS 01545-5338

STORMWATER UTILITY
PETITION FOR ADJUSTMENT

Application must be completed in full in order to be considered.

In the event that a property owner believes the Stormwater Utility Fee (STWF) is improperly calculated or is otherwise incorrect, the property owner may, within 30 calendar days from the date of issuance of the Stormwater Utility bill, and after payment of the bill in full, apply to the Shrewsbury Department of Public Works (DPW) for an adjustment... The DPW shall have 60 calendar days to consider the request for an adjustment and render a written decision...

[Stormwater Management Rules & Regulations, Section 12](#)

Property Owner / Business Name: _____
Property Address / Condo Association: _____
Mailing Address (if different): _____
Phone Number: _____ E-mail: _____

Utility Account Number: _____ Parcel Number: _____
Authorized Contact (if different from owner): _____

Reason for Petition:

- Error in billing amount (e.g. incorrect tier, approved credit applied incorrectly)
- Error in impervious area (e.g. deck with pervious ground underneath, entire/portion of impervious area on easement belongs to another)
- Identification of property owner invoiced is in error (e.g. change in ownership, closings)
- Other

Please attach a letter detailing the nature of your petition, and include any supporting documents such as photos, or proof of easement.

I hereby request the Department of Public Works ("DPW") to review this application and give authorization to enter onto my property for the purposes of verifying this information. I certify that I have the authority to make such a request and grant such authority for this property; and the information provided is true and correct to the best of my knowledge and belief. I agree to provide updated or corrected information to the DPW should there be any change in the information provided herein and should the DPW request more information.

Signature: _____ Date: _____
Name (Please Print): _____



This Side for Office Use Only

Petition for Adjustment Determination: Granted Denied

| | Impervious Area (sq.ft.) | Tier | Annual Rate |
|-------------|--------------------------|-------|-------------|
| Current: | _____ | _____ | _____ |
| Adjustment: | _____ | _____ | _____ |
| New: | _____ | _____ | _____ |

If denied, reason for denial: _____

Signature: _____
Name (Please Print): _____
Title: _____ Date: _____