



Town of Williston

Stormwater Fee – Customer Service Form

Reason for Customer Service Request

- | | | |
|--|--|--|
| <input type="checkbox"/> General Information | <input type="checkbox"/> Stormwater Fee Review | <input type="checkbox"/> Change Billing Information ² |
| <input type="checkbox"/> Drainage/Flooding Issue | <input type="checkbox"/> Credit Application Review ¹ | <input type="checkbox"/> Other (describe below) _____ |
| <input type="checkbox"/> Water Quality Problem | <input type="checkbox"/> Residential System Acquisition ¹ | |

¹Application forms required

²If tenant/owner based change, written agreement required

Comment/Explanation: _____

Customer Information

Name: _____

Mailing Address: _____

Daytime Phone Number: _____ Relationship of customer to property owner:

Same Tenant Other: _____

If tenant or Other, provide property owner name, address and daytime number

Name: _____

Mailing Address: _____

Daytime Phone Number: _____

Property Information

Billing Account Number: _____

Location Address: _____

Parcel ID Number (if known): _____

Do not write in the shaded area (Stormwater Department Use Only)

Date Request Received: _____

Received By: _____

Date Received by Stormwater Department: _____

Received By: _____

Result of Review

Impervious Area (sqft): _____

Gross Area (sqft): _____

Number of ERUs: _____

Overcharge Refund Requested: Yes No

Monthly Stormwater Fee: _____

Reviewer: _____

Adjustment to Database Required: Yes No

Date Review Completed: _____

If database adjustment needed (see below):

Description of Database Adjustment Required: _____

Adjustment Approved By: _____

Database Adjustment Date: _____

Date Received by Billing Department: _____ Adjustment Made By: _____

Date Received Back by Stormwater Department: _____

Received By: _____ Other Actions Taken to Resolve Request (if needed): _____

Attach All Applicable Back-Up Documentation and Application Forms

Date of Customer Resolution/Notification: _____ Responsible Person: _____