

# Stormwater Reassessment Form

## Reassessment Instructions

1. This form is provided to LPTA 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 LPTA 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:

Lower Paxton Township Authority  
425 Prince Street. Harrisburg, PA 17109  
Attn: Sewer Director

4. An LPTA 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 a reassessment application to be reviewed

1. Completed and signed Reassessment Application Form.

---

## Appeal Information

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

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

---

---

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

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

## Customer Information

Owner's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

---

## FOR LPTA USE ONLY

Date Received: _____	Credit(s): <input type="checkbox"/> Granted <input type="checkbox"/> Denied
Date Reviewed: _____	Reviewer: _____