



Lake County Stormwater Management Department

User Fee Adjustment Request for Non-Residential Property Owners

Mail completed application to: LCSMD
 attn: Adjustment Request
 105 Main Street, Suite A305
 Painesville, OH 44077

Property Owner Information

Property Owner Name: _____

Property Address: _____

Parcel ID#: _____

Owner Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Type of Adjustment Requested:

Parcel Information
 Impervious Area
 Credit
 Other

Date of Request: _____

Reason for Adjustment Request:

Property Owner Signature: _____ Date: _____

Stormwater Management Department Approval

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Comments: _____ _____
Reviewer (Print Name): _____	
Reviewer Signature: _____	Date: _____
Director Approval: _____	Date: _____

For Finance Purpose Only:

Account: _____

Tax Year: _____

Amount of Adjustment: _____