



STORMWATER RECALCULATION REQUEST FORM

Name:	
Property Address:	
Mailing Address:	
City, State, Zip:	
Contact Phone Number:	
Email Address:	

Additional Information:

By submitting this request, I certify that I am the owner or authorized representative of the owner and understand the terms and conditions of the adjustment program. I grant the City permission to digitize and provide an actual calculation of the property's impervious surface.

I understand that an Equivalent Surface Unit (ESU) is equal to 2,000 square feet and an impervious surface calculation will be rounded up to the nearest whole number. If the calculation increases my ESU count then I understand that my fee may be increased.

(Name – Printed)

(Name – Signature)

(Date)

****This is not a request form to recalculate for permanent reductions in stormwater discharge to the public stormwater system****

Mail forms to: **Park City Municipal Corporation**
Attn: Stormwater Division
PO Box 1480
Park City, UT 84060

Fax: **(435) 658-9014**

Email: **stormwater@parkcity.org**

FOR PUBLIC UTILITIES USE ONLY

RECALCULATION ESU COUNT: _____

DATE PROCESSED: _____

PROCESSED BY: _____