



SUMMIT COUNTY
SURFACE WATER MANAGEMENT DISTRICT
PO BOX 1417
AKRON, OH 44309-1417

APPEALS FORM

Owner Name _____

Perm. Parcel No. _____

Parcel Address _____

City, State, ZIP _____

Mailing Address _____

City, State, ZIP _____

Contact Name _____

Phone Number _____

Email Address _____

Please describe how you are aggrieved or adversely affected by the stormwater utility fee charged to the parcel, and the action or determination appealed and the grounds upon which the appeal is based. The County Engineer will review the application and schedule a hearing in accordance with Section 942.11.

Signature _____ Date _____

Phone: 330-643-8010
Email: SWMD@summitengineer.net
Web: www.summitengineer.net
Office Hours: 7:30 AM to 4:00 PM Monday through Friday, excl Holidays
Office Location: 538 East South St., Akron, OH 44311