

**ROADWAY MAINTENANCE FEE (RMF)
CORRECTION / APPEAL REQUEST FORM**

NAME: _____ ACCOUNT NUMBER: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

TYPE OF SERVICE (Check one):

_____ Single Family Residential _____ Multi-family Residential (Individually Metered)

_____ Multi-family Residential (Master-metered) _____ Non-Residential

APPEALS

- _____ 1. Property is exempt property under Section J of the Ordinance.
- _____ 2. The Roadway Maintenance Fee was assessed in duplicate on multiple accounts for the same Benefitted Property
- _____ 3. Property is outside city limits and should not be billed a Roadway Maintenance Fee.
- _____ 4. The Roadway Maintenance Fee assessed this property is incorrect due to improper property characterization such as land use, building square footage or other relevant property characterization (see below)
- _____ 5. The Roadway Maintenance Fee is assessed for a Benefitted Property unaffiliated to this Utility account
- _____ 6. Other. Describe: _____

If you are APPEALLING IMPROPER PROPERTY CHARACTERIZATION, please answer the following II. questions in order that we may better research your appeal:

- _____ 1. The number of dwelling units billed is incorrect (Multi-family/Master-metered only)
_____ Billed dwelling units _____ Correct dwelling units*

*Certified documentation from a Texas Registered Design Professional to include an engineer, architect or land surveyor required

- _____ 2. This property is adjacent to my location, has the same owner, was billed to me, but is not being used by me or my my business, OR I own this property, but the fee should be billed to someone else.

Name of business/resident using property : _____

Billing address: _____

- _____ 3. This property is adjacent to my location, has the same owner, was billed to me, but is vacant.

III. If you are APPEALLING your LAND USE DESIGNATION, please answer the following questions in order that we may better research your appeal:

- a) Hours of operation: _____ b) Drive- through? _____ Yes _____ No
- c) Do you sell items at your location? _____ Yes _____ No
 If yes, what do you sell? _____
- d) Do you service or repair items at your location? _____ Yes _____ No
 If yes, what do you service or repair? _____
- e) Do you manufacture or assemble items at your location? _____ Yes _____ No
 If yes, what do you manufacture or assemble? _____
- f) Do you rent equipment? _____ Yes _____ No
 If yes, what kind of equipment do you rent? _____
- g) Is your business or organization in the Recreation Sector? _____ Yes _____ No
 If the answer is "Yes", please list some of the activities at your location:

- h) Is your business or organization in the Service Sector? _____ Yes _____ No
 If the answer is "Yes", please list some of the services you provide:

- i) Is your business or organization in the Industrial Sector? _____ Yes _____ No
 If the answer is "Yes", please indicate your industry:

- j.) Are there other businesses at the same location as you? _____ Yes _____ No
 Please provide examples of some of the other businesses at your location:

IV. Please provide any other information you think might be useful for us to consider for your APPEAL request:

APPLICANT SIGNATURE REQUIRED:	
_____ Signature	_____ Date

Completed forms may be mailed to: UCS RMF Appeals, 310 Krenek Tap Rd, PO Box 10230, College Station, TX 77840

FOR INTERNAL USE ONLY

Reviewed: _____

Date Received	Contacted (Y/N)	(A)pproved/(D)enied	Date Customer Notified	Date System Updated
UCS:				
Fiscal Services:				