



**APPEAL APPLICATION  
WATERSHED PROTECTION AND  
RESTORATION FEE (WPRF)**  
***EXEMPT OR INCORRECT PROPERTY OWNER***

**Return to:**  
**Attn: WPRF Appeals**  
**Anne Arundel County DPW**  
**2662 Riva Road, MS 7310**  
**Annapolis, MD 21401**

Owner: Last name	First name	Company/Organization (if applicable)
Applicant (if different than owner): Last name	First name	Company/Organization (if applicable)
Tax Account Number (ex. 1234-4567-8912)		
Property Address		
Phone	Email	
Mailing address, if different		

For additional information or to complete an electronic application, see the County website at [www.aarivers.org](http://www.aarivers.org).

**APPEAL BASIS: Property is exempt from the WPRF or the person billed is not the property's record owner.**

**REASON: Circle 1, 2 and/or 3**

1. The property is exempt from the WPRF, also known as the stormwater fee, because it is (check all that apply):

<input type="checkbox"/> unimproved (contains no impervious surface)	<input type="checkbox"/> in the city of Annapolis
<input type="checkbox"/> owned by the State of Maryland	<input type="checkbox"/> owned by a County
<input type="checkbox"/> owned by a municipality	<input type="checkbox"/> owned by a regularly organized volunteer
<input type="checkbox"/> owned by a veterans organization that is exempt from taxation under 501(c)(4) or (19) of the internal revenue code	fire department used for public purpose
2. Financial hardship exemption previously approved but not applied.
3. The person billed does not own the property. The name of the new owner is:  
\_\_\_\_\_

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach any additional information supporting your appeal. Provide proof of location, ownership, lack of impervious area, or approved financial hardship exemption for current fiscal year, as applicable.**

**Sign the following statement:**

I/we, the undersigned do hereby declare under the penalties of perjury that the information provided on and with this application is, to the best of my/our knowledge and belief, true, correct, and complete. I/we also understand that the failure to provide all information and/or documentation as required is a basis for a denial of the appeal. I/we understand that by filing this appeal, we are authorizing the Department of Public Works to confirm the information provided with this application, including, but not limited to, inspecting and entering the property to verify the amount of impervious surface area. I/we understand that if the Department of Public Works grants the appeal and it results in a change in the stormwater remediation fee, I/we will be issued a new bill. I/we understand that if I/we are aggrieved by the decision of the Department of Public Works, I/we shall pay the stormwater remediation fee, may request a refund and if a refund is denied, may appeal to the Maryland Tax Court in accordance with Article 24, § 9-710 and 9-712 of the Annotated Code of Maryland.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_