



**APPEAL APPLICATION  
WATERSHED PROTECTION AND  
RESTORATION FEE (WPRF)  
HOMEOWNERS ASSOCIATION WPRF CAP**

**Return to:**  
Attn: WPRF Appeals  
Anne Arundel County DPW  
2662 Riva Road, MS 7409  
Annapolis, MD 21401

Homeowners Association	Representative: Last name	First name	Title
Applicant (if different from owner): Last name		First name	Company/Organization
Tax Account Number(s)- Attach separate sheet if necessary			
Phone		Email	
Mailing address			

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

**APPEAL BASIS: Homeowners Association property where the WPRF cap is applicable but was not applied.**

1. The total WPRF (stormwater fee) charged for all properties owned by the same Homeowners Association (HOA):  
\_\_\_\_\_
2. The number of property tax accounts for homes and unimproved lots within the boundaries of the HOA:  
\_\_\_\_\_

*This number does not include property tax accounts owned by the Homeowners Association. Unimproved lots are considered to be lots with their own separate tax account number on which a residential dwelling is allowed to be built.*

**WPRF Cap for HOA-Owned Property**

**Cap Amount:** If the total WPRF across all HOA-owned tax accounts is more than the number of property tax accounts for the homes and unimproved lots within the boundaries of the HOA multiplied by 40% of the base rate, the HOA may appeal to have the fee capped in accordance with Anne Arundel County Code section 13-7-103(g).

**HOA Definition:** For purposes of the WPRF, an HOA is defined as an incorporated or unincorporated homeowners association, civic or community association, council of condominium unit owners, or similar entity.

**Please attach documentation showing the boundaries of the area served by the Homeowners Association, as well as any additional information supporting your appeal.**

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