



UTILITY FEE REALLOCATION
Moncks Corner Stormwater Management



Owner Information

Name: _____ Address: _____

Phone: _____ E-Mail: _____

Applicant Information (if not owner)

All correspondence pertaining to this application will be directed to:

Name: _____ Address: _____

Phone: _____ E-Mail: _____

Property Information

Address: _____ TMS: _____

Request Stormwater Utility Fee Charge Reallocation

Indicate the parcel number and the percentage of the total Stormwater Utility Fee Charge or IA square footage you wish to appropriate to an existing account. Round the total IA square footage nearest tenth. The total must equal 100.0% of the IA on the aggrieved parcel. If there are more than five (5) accounts to re-allocate your IA square footage towards, please indicate the charge/square footage distribution for the additional parcel(s) on an additional sheet and ensure each parcel owner is denoted as signs for the re-allocation.

Parcel Number	% Change/Square Footage
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Reallocated Owner Certification

I certify that I am the property owner of the parcel for which the revised allocation is being assessed to.

Note: If an authorized representative is acting on behalf of the property owner, a notarized letter from the owner indicating that the representative has the authority to act on the owner’s behalf must be attached to this form.

Signature of Owner/Authorized Representative

Date

Printed Name

Allocating Owner Certification

I certify that I am the property owner of the parcel for which the revised allocation is beingsought for.

Note: If an authorized representative is acting on behalf of the property owner, a notarized letter from the owner indicating that the representative has the authority to act on the owner’s behalf must be attached to this form.

Signature of Owner/Authorized Representative

Date

Printed Name

STATE OF SOUTH CAROLINA
COUNTY OF BERKELEY

I _____, a notary public in and for said county and state,
certify that _____ personally appeared before me this
day, stated that he/she is _____ of
_____ and is _____
of _____, and acknowledged the execution of the
foregoing instrument on behalf of said authority.

Witness my hand and official seal, this is the _____ day of _____, 20_____.

My commission expires: _____

Notary Public (Signature)

(seal)

Notary Public (Printed Name)