In accordance with the Castle Rock Municipal Code Chapter 13.30 Stormwater Management Program Article 13.30.060, Paragraph B, customers are entitled to appeal for an adjustment of the stormwater utility fee for non-single-family properties. Please complete this form and submit it to Castle Rock Water, Attn: Stormwater, 175 Kellogg Court, Castle Rock, CO 80109. Castle Rock Water will respond to your request within 45 days after receiving a complete submittal. You are required to pay the full amount outstanding while your request is being processed. If the review is favorable, your account will be credited as of the date of this request.

Reviews are for non-residential and multi-family residential properties where the applicant can document that less than 80% of the entire property is impervious. Impervious is defined in the Ordinance as:

"Those areas with impervious surfaces that prevent or impede the infiltration of storm water into the soil as it entered in natural conditions prior to development. Common impervious surfaces include, but are not limited to, roof tops, sidewalks, walkways, patio areas, driveways, parking lots, storage areas, compacted gravel and soil surfaces, awnings and other fabric or plastic coverings, and other surfaces that prevent or impede the natural infiltration of the storm water run off which existed prior to development..."

Date: ___________________________  Account #: ___________________________
Applicant’s Name: ___________________________________  Phone #: ___________________________
Business Name: ______________________________________
Billing Recipient (if different from above): __________________________
Billing Address: ____________________________________________
Property Address (if different from above) __________________________________________
☐ Non-Residential  ☐ Multi-Family Residential  Property Size _________ Sq. Ft.
Total Impervious Area on the Property _________ Sq. Ft.  Percent Impervious Area: _________
(Attach calculations, drawings, survey data, aerial or other photographs to document your request)

Applicant’s Signature: _________________________________________

For Official Use
Date Received Complete Package: ___________________________  Recommended for  ☐ Approval  ☐ Approval as noted  ☐ Denial
Comments: ________________________________________________________________

☐ Approved  ☐ Denied  
Director of Castle Rock Water ___________________________  Date ________________