
Appeals Instructions

1. This form is provided to customers who have reduced their Impervious Area coverage or who disagree with the Impervious Area determination by the Authority for their property.
2. Please fill out all sections on the form, except for the last section marked "For Authority Use Only".
3. You may attach supporting documentation to the form. Please note that any submitted documentation will not be returned to the customer. Please mail completed form to:

PO Box 481
Southampton, PA 18966
Attn: Stormwater Management Appeals

4. Or submit electronically to info@usauthorities.org. An Authority representative will confirm receipt of appeal and review and respond within 60 days of receipt of the completed form.

Appeal Information

Impervious Area Estimate (optional): _____

Customer Information

Owner's Name: _____

Phone Number: _____ Alt. Phone Number: _____

E-mail: _____

Property Address: _____

Mailing Address: _____

Account Number: _____

Please provide a brief description as to why this change is necessary:

Signature: _____ Date: _____

FOR AUTHORITY USE ONLY

Date Received: _____	Appeal: <input type="checkbox"/> Granted <input type="checkbox"/> Denied
Date Reviewed: _____	Change to be Made: _____
Date of Application: _____	Reviewer: _____

Upper Southampton Municipal Authority Stormwater Management Program Appeal Form 2026