



City of Cañon City

P.O. Box 1460 – 128 Main Street – Cañon City, CO 81215-1460
(719) 269-9011 – Fax: (719) 269-9017

**Stormwater
Utility
Division**

STORMWATER UTILITY INQUIRY/UPDATE FORM

This form is to be used to request inquiries, adjustments, changes or information with respect to Stormwater Utility Accounts. If account adjustments/changes are justified, these will be handled through Utility Billing and will be reflected on next billing or by special billing correction within a reasonable time period. Determination of any request shall be determined within 30 days of receipt of the written request.

PROPERTY INFORMATION:

Owner Name: _____ Property Address: _____

Telephone #:(_____) _____ Account #: _____

INQUIRY REQUEST:

- | | |
|---|--|
| <input type="checkbox"/> Incorrect Classification of Property | <input type="checkbox"/> Error in Square Footage of Impervious Surface |
| <input type="checkbox"/> Mathematical Errors in Calculating Fee | <input type="checkbox"/> Property Owner Identification Error |
| <input type="checkbox"/> Other Information, Inquiry, or Adjustment Requested: | |

Requestor's Signature: _____ DATE: _____

Official Use Only:

* Engineering Dept: _____ Date Reviewed: _____ By: _____

Reason for Review: ☐ Owner Request ☐ New Building ☐ Demolition ☐ Internal QC ☐ Other _____

☐ Property Owner Contacted (if required) Date Complete: _____

☐ Field Check Required Date Complete: _____

☐ Impervious Surface Area Recalculated Previous: _____ SF Adjusted: _____ SF

☐ GIS Database Updated Date Updated: _____ By: _____

* Utility Billing: _____ Date Reviewed: _____ By: _____

☐ Property Owner Contacted (if required) Date Complete: _____

☐ Fee Amount Corrected: ☐ Adjust/Change Immediately ☐ Adjust/Change Next Billing

Adjustment/Change: \$ _____ Previous Fee: \$ _____ New Fee: \$ _____

☐ Property Reclassified: _____ Previous: _____ New: _____

☐ New Owner Information:

Name: _____

Address: _____

Telephone #:(_____) _____

* Stormwater Utility Director Review _____ Date: _____