

**ROADWAY MAINTENANCE FEE (RMF)  
CORRECTION / APPEAL REQUEST FORM**

NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**TYPE OF SERVICE (Check one):**

\_\_\_\_\_ Single Family Residential \_\_\_\_\_ Multi-family Residential (Individually Metered)

\_\_\_\_\_ Multi-family Residential (Master-metered) \_\_\_\_\_ Non-Residential

<b>APPEALS</b>
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- \_\_\_\_\_ 1. Property is exempt property under Section J of the Ordinance.
- \_\_\_\_\_ 2. The Roadway Maintenance Fee was assessed in duplicate on multiple accounts for the same Benefitted Property
- \_\_\_\_\_ 3. Property is outside city limits and should not be billed a Roadway Maintenance Fee.
- \_\_\_\_\_ 4. The Roadway Maintenance Fee assessed this property is incorrect due to improper property characterization such as land use, building square footage or other relevant property characterization (see below)
- \_\_\_\_\_ 5. The Roadway Maintenance Fee is assessed for a Benefitted Property unaffiliated to this Utility account
- \_\_\_\_\_ 6. Other. Describe: \_\_\_\_\_

**If you are APPEALLING IMPROPER PROPERTY CHARACTERIZATION, please answer the following II. questions in order that we may better research your appeal:**

- \_\_\_\_\_ 1. The number of dwelling units billed is incorrect (Multi-family/Master-metered only)  
\_\_\_\_\_ Billed dwelling units \_\_\_\_\_ Correct dwelling units\*

\*Certified documentation from a Texas Registered Design Professional to include an engineer, architect or land surveyor required

- \_\_\_\_\_ 2. This property is adjacent to my location, has the same owner, was billed to me, but is not being used by me or my my business, OR I own this property, but the fee should be billed to someone else.

Name of business/resident using property : \_\_\_\_\_

Billing address: \_\_\_\_\_

- \_\_\_\_\_ 3. This property is adjacent to my location, has the same owner, was billed to me, but is vacant.

**III. If you are APPEALLING your LAND USE DESIGNATION, please answer the following questions in order that we may better research your appeal:**

- a) Hours of operation: \_\_\_\_\_ b) Drive- through? \_\_\_\_\_ Yes \_\_\_\_\_ No
- c) Do you sell items at your location? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, what do you sell? \_\_\_\_\_
- d) Do you service or repair items at your location? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, what do you service or repair? \_\_\_\_\_
- e) Do you manufacture or assemble items at your location? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, what do you manufacture or assemble? \_\_\_\_\_
- f) Do you rent equipment? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, what kind of equipment do you rent? \_\_\_\_\_
- g) Is your business or organization in the Recreation Sector? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If the answer is "Yes", please list some of the activities at your location:  
 \_\_\_\_\_  
 \_\_\_\_\_
- h) Is your business or organization in the Service Sector? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If the answer is "Yes", please list some of the services you provide:  
 \_\_\_\_\_  
 \_\_\_\_\_
- i) Is your business or organization in the Industrial Sector? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If the answer is "Yes", please indicate your industry:  
 \_\_\_\_\_  
 \_\_\_\_\_
- j.) Are there other businesses at the same location as you? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Please provide examples of some of the other businesses at your location:  
 \_\_\_\_\_

**IV. Please provide any other information you think might be useful for us to consider for your APPEAL request:**

\_\_\_\_\_  
 \_\_\_\_\_

<b>APPLICANT SIGNATURE REQUIRED:</b>	
_____ <b>Signature</b>	_____ <b>Date</b>

Completed forms may be mailed to: UCS RMF Appeals, 310 Krenek Tap Rd, PO Box 10230, College Station, TX 77840

**FOR INTERNAL USE ONLY**

Reviewed: \_\_\_\_\_

Date Received	Contacted (Y/N)	(A)pproved/(D)enied	Date Customer Notified	Date System Updated
UCS:				
Fiscal Services:				