CITY OF MARATHON, FLORIDA
STORM WATER MANAGEMENT UTILITY FORM NO. 1
PETITION TO APPEAL

DATE:
COMPLAINANT:
COMPLAINANTS ADDRESS:
OWNER OF PROPERTY NAME:
R.E. PARCEL NO.:
ALTERNATE KEY NO.:
PROPERTY ADDRESS:
TYPE OF UNIT (CHECK APPROPRIATE BOX): **_____Single Family _____Duplex _____Condominium _____Vacant Lot** **_____Apartment _____Multi-family _____Commercial _____Other** **Reason for appeal:**
APPLICANT'S SIGNATURE: