

GWINNETT COUNTY STORMWATER MANAGEMENT DIVISION

ADMINISTRATIVE APPEAL APPLICATION

Applicant's Name: _____

Property Address _____

Contact Individual: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Mailing Address:
(if different) _____

Utility Account No./
Parcel ID No. _____

Description of Appeal – Please attach a copy of the written decision provided by Division Staff and explain why you feel the decision they made was not correct.

Applicant's Signature

Date

Please return completed Form to:

Gwinnett County Stormwater Management Division
Department of Water Resources
684 Winder Highway
Lawrenceville, GA 30045-5012

Email: Swservice@gwinnettcounty.com