LIGONIER TOWNSHIP FIRE HYDRANT FEE
PETITION FOR REDETERMINATION

To ensure proper processing and petition evaluation, all fields in the Required Information section must be completed. Full explanations and documentation must be provided where explanations are requested.

Fee Billing Date:_____ Amount of Bill:_____ Fiscal Year: ___**2015-16** ___**2016-17**

Required Information:

Parcel Number:_____

Name on Bill: _____

Mailing Address: _____ Property Address:_____

City: _____ State: _____ Zip Code: _____ City: _____ State: _____ Zip Code: _____

Day Time Phone: _____

Reason for Petition (choose one or more):

_____ I am not the owner of the property as of January 1, 2016

_____ I am outside the 780' radius of a fire hydrant

_____ I do not have _____ feet of frontage.

My frontage is _____ feet.

_____Other reason(s) (Explain and provide documentation):

Verification and Signature of Property Owner (Required)

I understand that if my fee is not paid by the due date indicated on the Notice of Redetermination. I will be subject to a penalty and interest charges which will continue to accrue until the fee is paid in full. The information above is true and correct to the best of my knowledge.

_____ _____ _____

Print Name of Petitioner Sign Date

PLEASE DO NOT ENCLOSE YOUR BILL PAYMENT WITH THIS FORM